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ABSTRACT

This compilation presents the proceedings of a conference on Indochinese refugee families. The papers included in the volume are the following: (1) "Counseling Vietnamese Women in Transition," by Tran Nhu Choung; (2) "Preliminary Nutritional and Demographic Assessment of Hmong Refugees in the Area of Puget Sound, Washington," by Marshall Hurlich; (3) "Unaccompanied Minors," by Nic Backer; (4) "Cross Cultural Sensitivity to Housing Needs," by Sheran Cramer; (5) "Dietary Habits and Nutritional Needs of Southeast Asian Refugees," by Amy Tong; (6) "Employment and Consumer Patterns of Refugees," by Phyllis Johnson; (7) "Job Service for Refugees," by Colleen Shearer; (8) "The Migration Process: Impact on Indochinese Families in the United States," by Sara Brown; (9) "Nebraska Indochinese Needs Assessment," by William Meredith and Sheran Cramer;" (10) "Nebraska Indochinese Refugee Nutrition Assessment," by Harriet Kohn; (11) "Community Outreach and Health Education Classes With Hmong and Mien in Northeast Portland," by Jean Baldwin; (12) "A Model for Helping Indochinese Refugee Families Adapt," by Suzanne Hirst; (13) "Iowa Refugee Health Assessment," by Jane Seip; and (14) "Reaching Out to Southeast Asian Families Through the Expanded Food and Nutrition Education Program of Oregon State University Extension Service," by Wanda Phipps. (Author)

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# COMPILED PROCEEDINGS:
# HELPING INDOCHINESE
# FAMILIES IN TRANSITION
# CONFERENCE

MAY 11-12, 1981

College of Home Economics
University of Nebraska-Lincoln

-EDITORS-
William H. Meredith, M.S., M.S.W.
Human Development and the Family
University of Nebraska

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University of Nebraska

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Wanda Phipps, Portland, Oregon

# PREFACE

This book of proceedings includes papers presented at the "Families in Transition: Helping Indochinese Refugees" conference held at the College of Home Economics in Lincoln, Nebraska, on May 11 and 12, 1981. Panel discussions and those papers not submitted by conference participants are not included.

The purpose of the conference was to increase participants awareness of the wide range of problems confronting refugees. For effective refugee adjustment to occur, many supporting disciplines such as Home Economics, Social Work, Education, and the Health professions need to work together to assist refugees. It is my hope that the conference proceedings will be useful to practicioners and those individuals interested in refugees. Conference topics included in this volume are: housing, counseling, nutrition, health, employment and consumer patterns, unaccompanied minors, migration patterns and refugee needs.

I would like to express my appreciation to Dr. Bette Tweten for her assistance in compiling this publication and for designing the cover. Also, I wish to thank Mrs. Anita Rush for her expert secretarial assistance during the preparation of this book. The success of the conference was, in part, due to contributions made by the planning committee. I would like to acknowledge and thank the members of this committee: Melinda Holcombe, Bette Tweten, Annie Laurie Smith, and Kathy Cue. Harriet Kohn also made important contributions. Other individuals who assisted at the conference were Thelma Thompson, Leon Rottman, Keith Schmode, Maria Diaz, Charlotte Leas, Hai Nguyen, Houa Vang, Tim and Anita Rush, and Judy Fruhbaur. A special thanks is also given to the conference participants.

William H. Meredith

# FAMILIES IN TRANSITION: HELPING INDOCHINESE REFUGEES

Conference

**Home Economics Building**
35th and Holdredge

**University of Nebraska - East Campus**
Lincoln, Nebraska

May 11 - 12, 1981

## Monday, May 11, 1981

| | | |
|---|---|---|
| 8:00 am - 9:00 am | Registration | |
| 9:00 am - 9:30 am | CONFERENCE OVERVIEW AND WELCOME | |
| HE 11 | | Bill Meredith, Project Director, Human Development and the Family Dept, University of Nebraska-Lincoln |
| | | Dr. Hazel Anthony, Dean, College of Home Economics, University of Nebraska-Lincoln |
| 9:30 am - 10:15 am | KEYNOTE ADDRESS - "REFUGEE NEEDS FOR THE 1980's" | |
| HE 11 | | Dr. Tran Trong Hai, NO-DAC, Dept of Linquistics, University of Wisconsin - Milwaukee |
| 10:15 am - 10:45 am | BREAK | |
| 10:45 am - 11:45 am | 1st CONCURRENT SESSIONS | |
| Session 1 | COUNSELING VIETNAMESE WOMEN IN TRANSITION | |
| HE 31 | | Dr. Tran Nhu Chuong, Regional Counselor-Lutheran Immigration and Refugee Service, Tampa, FA |
| Session 2 | MUTUAL ASSISTANCE ASSOCIATIONS | |
| HE 25 | | Kou Vang, Director, Omaha Lao-Hmong Mutual Assistance Association, Omaha, NE |
| Session 3 | NUTRITION COUNSELING FOR INDOCHINESE FAMILIES | |
| RIH 204 | | Amy Tong, National Government Liaison Office, American Red Cross, Washington, D.C. |

Session 4 EMPLOYERS TALK ABOUT REFUGEE WORKERS - Panel
HE 121
Moderator: Ann Coyne, Deputy Director, State Dept of Social Services, Lincoln, NE
Rita Bystrek, Coil Concept, Omaha, NE
Dean Hughson, Milton G. Waldbaum Co., Wakefield, NE
Mark LeBaron, Lincoln Plating, Lincoln, NE
Bill Arandt, Methodist Hospital, Omaha, NE

11:45 am - 1:15 pm LUNCH (on your own)

12:35 am - 1:05 pm FILM: "The New Americans I"
HE 121

1:15 am - 2:00 pm GENERAL SESSION - "THE MIGRATION PROCESS: IMPACT ON INDOCHINESE FAMILIES IN THE UNITED STATES"
HE 11
Sara Brown, M.S.W., Dept of Family Relations and Child Development and Dept of Sociology, Oklahoma State University

2:15 pm - 3:15 pm 2nd CONCURRENT SESSIONS

Session 5 JOB TRAINING
RLH 204
Colleen Shearer, Director, Iowa Refugee Service Center, Des Moines, Iowa

Session 6 DENTAL CARE FOR REFUGEES
HE 121
Dr. Dennis King and Lois O'Brien, Open Door Health Center, Lincoln, NE

Session 7 CROSS - CULTURAL SENSITIVITY TO HOUSING NEEDS
HE 25
Dr. Sheran Cramer, Dept of Education and Family Resources, University of Nebraska-Lincoln

Session 8 PROGRAMS AND RESOURCES AVAILABLE TO HELP REFUGEES - Panel
HE 31
Moderator: Maria Diaz, Nebraska State Coordinator for Refugee Affairs, Lincoln, NE
Kathy Anderson, CETA Program and Employee Training Center, Lincoln, NE
Terry Smith, Immigration and Naturalization Service, Omaha, NE
Harriet Kohn, Cooperative Extensive Service, University of Nebraska, Lincoln, NE
Roger Murray, State Dept of Health, Lincoln, NE
Jack Baille, State Dept of Education, Lincoln, NE

3:15 pm - 3:45 pm BREAK

3:45 pm - 4:45 pm 3rd CONCURRENT SESSIONS

Session 9
PLH 204
**PRELIMINARY NUTRITIONAL AND DEMOGRAPHIC ASSESSMENT OF HMONG REFUGEES IN THE AREA OF PUGET SOUND, WASHINGTON**

Dr. Marshall Hurlich, Dept of Anthropology,
University of Washington, Seattle

Session 10
HE 25
CONSUMER EDUCATION WITH REFUGEES

Linda Noffsinger, RLDS Social Services,
Independence, MO

Session 11
HE 121
INDOCHINESE REFUGEE MENTAL HEALTH PROJECT IN MINNESOTA: A MULTI-FACITED APPROACH TO SOCIAL AND MENTAL HEALTH

Thomas Rogers, Lutheran Social Services of
Minnesota, Minneapolis, MN

Session 12
HE 31
CULTURAL CHARACTERISTICS OF SOUTHEAST ASIA

Moderator: Dr. Sunny Andrews, School of Social
Work, University of Nebraska-Omaha

Kim Hong Chi, Lincoln, NE (Cambodian)

Victor Yang, UNO Student, Omaha, NE (Hmong)

Kahamphat Lathpakdy, Beatrice, NE (Lao)

Hai Nguyen, Lutheran Family and Social Services,
Omaha, NE (Vietnamese)

4:45 pm - 6:30 pm DINNER (on your own)

6:00 pm - 6:15 pm
HE 31
FILM: "Nothing Lasts Forever"
(Sponsored by Fort Worth, Texas, Indochinese
Vocational Rehabilitation Program)

6:30 pm - 7:30 pm 4th CONCURRENT SESSIONS

Session 13
HE 31
**THE SOUTHEAST ASIAN REFUGEE CAMPS - A VIEW FROM RECENT VISITORS**

**Keith Schmode, Lutheran Family and Social Services,
Omaha, NE**

**Mary Frazier, Church World Relief, Lincoln, NE**

**Rev. Glenn Frazier, Church of the Brethren,
Lincoln, NE**

Session 14
HE 121
**REACH A REFUGEE PROGRAM (An innovative ESL program that uses doll houses and other media to explain American home living while teaching English)**

Linda Spencer, Head Teacher, Indochinese
American Association, Omaha, NE

Session 15 **UNACCOMPANIED MINORS**
HE 25

Nic Baker, Orientation Resource Center, Center for Applied Linquistics, Washington, D.C.

Session 16 **COMMUNITY HEALTH USE ASSESSMENT: AN OUTREACH HEALTH EDUCATION PROGRAM FOR HMONG AND MEIN IN PORTLAND, OR**
RLH 204

Jean Baldwin, Public Health Nurse, Portland, OR

7:45 pm - 8:30 pm **THE HMONG STORY**
HE 11

Major General Vang Pao, Former Royal Laotian Army General, President of Lao Family Community, Inc., Victor, Montana

8:30 pm - 9:00 pm **HMONG ENTERTAINMENT**
HE 11

Tuesday, May 12, 1981

8:00 am - 8:45 am Registration

8:45 am - 9:30 am GENERAL SESSION - "DIETARY HABITS AND NUTRITIONAL NEEDS OF SOUTHEAST ASIAN REFUGEES IN AMERICA"
HE 11

Amy Tong, National Liaison Office, American Red Cross, Washington, D.C.

9:30 am - 10:15 pm NEBRASKA REFUGEE NEEDS ASSESSMENT
HE 11

Bill Meredith, Human Development and the Family, University of Nebraska-Lincoln

Sheran Cramer, Education and Family Resources, University of Nebraska-Lincoln

Harriet Kohn, Extension Nutrition, University of Nebraska-Lincoln

10:15 am - 10:45 am BREAK

10:45 am - 11:45 am 5th CONCURRENT SESSIONS

Session 17 EMPLOYMENT AND CONSUMER PATTERNS OF REFUGEES
HE 121

Dr. Phyliss Johnson, Dept of Family Resources, University of British Columbia, Vancouver, Canada

Session 18 IOWA REFUGEE HEALTH ASSESSMENT
HE 25

Jane Seip, Iowa Dept of Health, Des Moines, Iowa

Session 19 — **A CONTRASTIVE ANALYSIS BETWEEN ENGLISH AND INDOCHINESE LANGUAGES**
HE 31

Dr. Tran Trong Hai, Dept of Linquistics, University of Wisconsin, Milwaukee

Session 20 — **SPONSORS DISCUSS THEIR EXPERIENCES: REWARDS AND DIFFICULTIES - Panel**
RLH 204

Moderator: Charlotte Leas, Catholic Social Services, Omaha, NE

Gwen Lindberg, West Point, NE

Joe Archibald, Omaha, NE

Dr. Ann Coyne, Lincoln, NE

Mona Christenson, Omaha, NE

Carol Stith, Lincoln, NE

11:45 am - 1:30 pm **LUNCH (on your own)**

12:50 pm - 1:20 pm **FILM: "The New Americans II"**
HE 121

1:30 pm - 2:15 pm **A CHARGE FOR ACTION - RESPONSIBILITIES AND OPPORTUNITIES**
HE 11

Dr. Richard Burnett, Office of Refugee Resettlement, U.S. Dept of Health and Human Services, Kansas City, MO

2:15 pm - 2:45 pm **FASHIONS FROM SOUTHEAST ASIA**
HE 11

Coordinator: Dr. Bette Tweten, Dept of Textiles, Clothing and Design, University of Nebraska

Moderators: Houa Vang, Omaha, NE
Hai Nguyen, Omaha, NE

2:45 pm - 3:15 pm **BREAK**

3:15 pm - 4:15 pm **6th CONCURRENT SESSIONS**

Session 21 — **HEALTH NEEDS OF REFUGEES - Panel**
RLH 204

Moderator: Dr. Leon Rottmann, Human Development and the Family Extension, University of Nebraska-Lincoln

Dr. Tran My, General Practitioner, Omaha, NE

Dr. Ai Lan Kobayashi, Pediatrician, Omaha, NE

Session 22
HE 121

**NUTRITION PROGRAMS AND MATERIALS FOR REFUGEES**
(This session will last until 4:30 pm)

Moderator: Harriet Kohn, Extension Nutrition Specialist, University of Nebraska-Lincoln

Wanda Phipps, Extention Service, Oregon State Univeristy

Jeane Howe, Extention Service, Purdue University

Karen Zeleznak, WIC Program, Minneapolis, Minn

Session 23
HE 31

**ESL PROGRAMS IN NEBRASKA - Panel**
(This session will last until 4:30 pm)

Moderator: Annie Laurie Smith, C.Y. Thompson Library, University of Nebraska-Lincoln

ESL and Adult Education-Thomas Sherer, Nebraska Dept of Adult Education

ESL Overview-Mary Beth Davidson, Nebraska Dept of Education

ESL in Rural Areas-Elli Cross, Norris Public Schools

ESL in Lincoln Schools-Kay Marks, Lincoln Public Schools

ESL in a Community College-Mary Fischer, Southeast Community College

Session 24
HE 25

**A MODEL FOR HELPING INDOCHINESE REFUGEE FAMILIES ADAPT - A CASE STUDY**

Suzanne Hirst, M.P.H. Council Bluffs, IA

Chuong Van Nguyen, Omaha, NE

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Sponsored by the University of Nebraska College of Home Economics through a grant from the Nebraska Coordinating Commission for Post-Secondary Education.

# COUNSELING VIETNAMESE WOMEN IN TRANSITION

Tran nhu Chuong
Lutheran Immigration and Refugee Service
Tampa, Florida

With their hands, hearts and brains the immigrants from different nations have come to the United States to seek freedom, build this country strong, and pursue their happiness. Following the other Americans, the Vietnamese recently have resettled in the U.S.A. through different situations. After the fall of Saigon in 1975, 150,000 Vietnamese arrived in this country. Since the remaining group suffers from the Communist regime, 224,000 more Vietnamese successfullly escaped from their country after 1975, which brings the total to 374,000. The Vietnamese comprise about 78% of the 476,000 Indochinese refugees that are in the U.S.A. as of March, 1981. To be more specific, according to a 1980 survey conducted by the Center for Disease Control in Atlanta on 166,704 Indochinese refugees, there were 55.1% males and 44.8% females. Twenty-seven point eight percent of this group were aged 14 and older. If this distribution is accurate for the Vietnamese population, there are 104,000 Vietnamese women spread around the United States.

Since they have been in the U.S.A., Vietnamese women have encountered many difficulties. In order to integrate into the mainstream of American society they need help. This paper focuses on counseling Vietnamese women in transition in the U.S.A. To facilitate this transition, one should ask the following questions: (1) Who are they?, (2) What problems do they have? and (3) What should the counselor do to help them?

## Who are they?

The Vietnamese refugee women are the products of an unusual combination of influences. They are (1) Confucianist teachings under and after the Chinese domination, (2) French colonialism with a westernized modern ideology to fit to the dominated country, (3) transitional social policies during the Independence period after 1954, Communist system and (4) the trauma of the dangerous exodus of those who have escaped after May, 1975. Their personalities are a synthesis of Confucianism, Taoism, Buddhism, Animism and their own individual characterisitics.

Under the Chinese domination from 111 B.C. to 938 A.D., Confucianist teachings had deep influence on the Vietnamese. A Confucianist Tung chung Shu (179 - 104 B.C.) expanded the Confucius doctrine by three cardinal guides: (1) the sovereign guides the minister, (2) the father guides the son, and (3) the husband guides the wife. Disobedience on the part of the minister, the son, or the wife is unpardonable. The doctrine also state that women should observe three obediences and the four virtues. Women were to be obedient to the father and elder brothers when young, to the husband when married, and to the oldest son when widowed (Penner and Anh, 1977). The four virtues required women to know their place and act accordingly, to avoid loquaciousness or boring others, to adorn themselves for the pleasure of the opposite sex, and to perform house chores with diligence and skill. Also, an aphorism was created from the Confucian teaching: "In woman, lack of talent is itself a virtue." This view served to keep women ignorant and to stifle their attempts of scholarly achievement. In fact, in this system, a woman's identity comes through her relationsnip with men. She may be daughter, sister, wife, and mother. She may be sex object or helpmate, but always her identity is contingent upon the males in her life. Women without a significant male relationship deviate from the norm. Women achieve highest fulfillment as wives and mothers. No matter what outside job or career she may undertake, a woman is first a wife and mother. Within the family, the man remains the prime breadwinner and assumes major responsibility for the family. Thus traditional Vietnamese women are controlled and dominated by men from the cradle to the grave.

Urban Vietnamese women began to break the traditional Confucianist constraints during the French domination from 1876 to 1945, because they were influenced by revolutionary concepts imported by the French colonialists. The new system declared that boys and girls had the same opportunities to go to school. Such change promoted the rethinking which promoted the search for freedom and quality.

From 1945 until 1975, Vietnam was independent from France but the country was divided into two parts, the North under the Republic Socialist government, the South with the Republic Democratic regime. During this time, the Vietnamese women in the South were in a process of social transition. The American presence in the South, with its impact on the economy, helped to influence the direction of this change. Because males were involved in fighting, some Vietnamese had to play two principal roles in their families as breadwinners and persons in charge of the discipline for the children. Furthermore, because of contact with the American servicemen, many Vietnamese women became war brides. Consequently, the independence of the country and the internal war were two significant factors which shook the old Confucianist values, invited women to become involved more in the society and begin to take leadership in their families as well.

After the fall of Saigon in April, 1975, a chaotic mass of about 150,000 Vietnamese without any psychological preparation flew out of Vietnam. The remaining population has lived under the new regime. Due to the difficulties encountered with the new system since 1975, escapees have tripled the original 1975 figure. The 223,500 newcomers lost their freedom, while learning to distrust even their own children, relatives, and close friends in order to deal with the rigid control of the Communist. In the Atlanta Tribune Wires of March 22, 1981, the writer of an article concerning the murdered children in Atlanta stated, "Parents are teaching their children not to trust anyone, not preacher, policeman, teacher, fireman, anyone. But when this is over, how will we teach them to trust ever again?" This situation may also apply to those who lived with the Communist regime. Furthermore, while escaping from Vietnam, they also underwent traumatic experiences during their exodus. Many were raped by the Thai pirates, suffered from malnutrition, and depressed by living far from their loved ones. These sufferings are psychological scars that will be carried for the rest of their lives.

Besides the patriarchal Confucianist system which has deeply influenced the Vietnamese women, Taoism has taught them ancestor worship. Buddhism has stressed self-improvement, doing good work, and controlling passion and desire. Western civilization has taught equality and freedom. However, individual personality should also be taken into account.

### What are their problems?

In 1976, the Lutheran Church in America invited me to talk to their convention of over 500 representatives of various congregations at Newsberry College, South Carolina. I asked the audience three questions to which I assumed everyone knew the answers. The questions were very simple: (1) How old are you?, (2) How old is your congregation?, and (3) How old am I? Now, in the presence of this important audience at the University of Nebraska, I again asked these two questions: (1) How old are you?, and (2) How old am I? Certainly one knows the answers to these questions. If one were in Newsberry College in 1976, he/she would have celebrated the bicentennial birthday of the U.S.A. Now, here, one is older than five years ago. Ironically, in the case of the Vietnamese in my situation, our age presently ranges form one day to six years. Indeed, we are children in this country. We have to learn to deal with basic problems of a child as well as of an adult in our daily lives. Besides we also have to cope with problems we brought with us to this country.

In general, Vietnamese women in the U.S.A. commonly have faced the following problems: (1) coping with emotional pressures (depression due to the loss of loved ones, self-identity, possessions resulting in grief and fear of unknown situation), (2) adapting to a new culture, (making adjustments within family units, struggles for individual identity, self-worth and language barrier), and (3) dealing with economic pressures (finding a job and keeping it).

As a newcomer, every Vietnamese refugee in this country suffers from culture shock manifested by mild uneasiness or homesick to acute unhappiness or even in extreme cases psychological panic, irritability, hyper sensitivity, or loss of perspective. Often, the refugee doesn't know what is the matter with him. Hearing a Vietnamese song, raindrops, or seeing familiar moonlight may push him back into his past. He becomes numb, suffering from invisible wounds. The refugee just knows something is wrong and feels miserable. Also, if the refugee does not speak English, this handicap makes his/her problem more severe. Indeed, he is a prisoner in his own jail when he is among other Americans.

Having a job is a pressing problem for those who are motivated to work. Also, they need employment to earn money. This money is not only used to meet basic needs, but a large part of it will be sent to their relatives to pay their way out of Vietnam or survive in their deprived economic situation.

To be more specific about understanding problems of Vietnamese women, it would be helpful to divide Vietnamese women into 3 groups: (1) 17 to 24 years, (2) 25 to 40 years, (3) 40 years and older.

## The Young

The young themselves may be subdivided into two categories: (1) those who arrived in this country before 1975, and (2) those who arrived after 1975. The first group is progressive in their thinking and behaviors due to new strong impacts of various media such as books, movies, peers, education. Problems may arise from that situation. Can they have permission to date? Can they marry a non-Vietnamese with who they fall in love? Some of this group indeed have had dissonance with their own conservative parents who have not yet accepted the new American values of independence and eqaulity.

According to Mrs. Ingrid Walter, director of the Luther Immigration Service, in her 1981 report, one-third of the Vietnamese women who have been one year in the U.S.A. are in the labor force. Those who have arrived in this country have had to learn to deal with working hours, communication with peers, employers, and transportation. They tend to repress their problems into the subconscious rather than dealing with them.

## The middle

This age group may be subdivided as follows: (1) homebound mothers with young children, (2) working women having husbands with them in the U.S.A., and (3) single working women widowed, divorced, or physically separated from their husbands. Vietnamese homebound mothers have these problems: (1) to learn how to raise their young children in a suitable American way, (2) to deal with their older children who speak more English at home than Vietnamese (they feel that their children are beyond their control), (3) they live with their husbands who had high social status in

Vietnam and now are working in lower status jobs in the U.S.A. such as janitors, laborers. The husbands changed self-concept creates marital problems, (4) In regard to the community, the women are complete strangers, since their English is limited and they lack opportunities for satisfying social contact outside the home.

Working mothers have more problems than women in any other category. Since they lack time to teach the Vietnamese language and tradition to their children, they are losing a sense of closeness to their children. According to Ingrid Walter (81) 2/3 of this working group contribute to the income of their family and 1/3 are main breadwinners. They have role conflicts with their husbands. Furthermore, in daily contact with their American peers, their social, psychological and sexual concepts have been changing, which in turn threaten tremendously the traditional family structure. Due to these influences, some of these women are talking about separation and divorce. They seem to be taking steps to further enjoy what the new free sociey offers them.

Single women widowed or divorced have their own problems. They have to work on their own future to find their own psychological, social and physiological balance by finding a new companion. Such a friend is not easily found to match with their attitudes and personalities in the following areas: sexual relations, conflict resolution, financial management, realistic expectations, religious orientation, and children. Furthermore, those who are physically separated from their husbands left in Vietnam seem to face a more difficult situation: At home they have to raise their children. At work, they have to work hard to earn their living. But at night, their hearts are torn with crucial decisions. Will they continue to work hard to send money to Vietnam to feed their husbands deprived of food in a reeducation camp without much hope that their husbands can join them? Would it be acceptable to have a boyfriend? Would it be convenient to get divorced. In fact, this special category of women has experienced internal conflict since their questions are unanswerable.

The over 40.

This category is mostly comprised of homebound mothers, working women, war brides and elderly people. This section focuses on war brides and elderly people.

Due to their low social status, language handicap, and the unpopular war in Vietnam, Vietnamese war brides are a forgotten group. At home, some of them have been poorly treated by their unemployed, alcoholic, drug abusing, domineering husbands who have low self-esteem or sense of powerlessness and frustration, low expectations for success and poor interpersonal skills. Not knowing where to turn, they often remain miserable in these conditions. Furthermore, neither are they well treated by their refugee countrypersons, since this new group still has a prejudice about their unblessed interacial marriage.

The elderly persons have more sufferings in this country because they are a displaced group. In Vietnam they were honored by their children and relatives. But here they are not. Their children and relatives are at work or at school during the day and do not have time to spend with them. Furthermore, their relatives have more interest in speaking English with their peers than communicating in Vietnamese with them. Indeed, they are suffering between two worlds, the real world and the dream world. In the real world, the American society, the older refugees see their lives as a dream - as unreal. On the contrary, the world of their past, that is now far away, that is completely lost to them, seems "real" for it is intact undamaged in their mind.

## What should the counselor do to help them?

This part focuses on (1) the goals of counseling, (2) the characteristics of an effective counselor, and (3) the suggested counseling system for Vietnamese women.

### The goals of counseling.

The goals of counseling include working with the counselee in helping her (1) to help her develop an awareness of self, (2) to develop her potential capacities, (3) to change her behavior in ways that are compatible with her needs, (4) to develop skills in personal affectiveness and decision-making, (5) to help her develop personal honesty, (6) to develop her own goals.

### The characteristics of an effective counselor.

The Association for Counselor Education and supervision suggests that counselors should have six basic qualities:

(1) belief in each individual
(2) commitment to individual human values
(3) alertness to the world
(4) open mindedness
(5) understanding of self
(6) professional commitment

Dimick and Huff (70) suggest that the key variable existing between the effective and non-effective counselors is the authenticity of the counselor when working with Vietnamese clients. A number of counselor characteristics which seem to contribute to positive counseling outcomes are:

(1) Maturity. The counselor must be a wise man -- wise in his own personal understandings of self, of others and of conditions and experiences which promote self-actualizing whole people.

(2) Trustworthiness. The counselor is someone whom the refugees can trust. A refugee in North Carolina asked my help five years ago, instead of asking help from a counselor provided by a state agency. This was because of the trust relationship I had established with her.

(3) Knowledge. Counseling is a new concept for Vietnamese refugees. An individual with problems usually goes to someone older, preferably in the family. When working with Vietnamese women, the counselor should know their traits, culture, tradition, mannerism and needs. A counselor should have a good understanding of American culture as well as Vietnamese culture.

Counseling is inhibited by two Vietnamese personality traits: 1) unwillingness to disclose problems and feelings, and 2) extreme humility. The Vietnamese person finds it difficult to discuss problems and reveal emotions. As children they are taught to conceal antisocial emotions such as anger and hostility as a matter of stoic pride. Therefore, openness as a basis of understanding and talking out problems in a counseling process will not be possible to the same degree as with most Americans. Accuracy in diagnosis may be affected. Further, group therapy would not be as effective for the Vietnamese because of a reluctance to verbalize feelings and confront others.

Traditionally, "yes" in reply to a question may not be an affirmative response but merely a polite acknowledgement. Also, Vietnamese will say "yes" simply because they believe this is the answer desired. They fear that a negative reply would be rude. Accordingly, it is wise to avoid direct questions when possible. A Vietnamese "yes" may mean mean "no" or "maybe".

A smile in the American culture usually means happiness, often assent. For the Vietnamese, it may communicate not only these sentiments, but anger, embarassment, rejection, and other emotions as well. In certain situations, a Vietnamese smile may seem inappropriate to Americans. For the Vietnamese, smiling may reflect stoic behavior in adversity, which is admired, to cover hostile or angry impulses.

Touching a young person on the head is offensive to them. Also, social touching of the opposite sex is usually not done in the Vietnamese culture except family members. When speaking to an older person or one in authority, Vietnamese will glance up occasionnally, but usually keep their eyes down. Eye avoidance is especially noticeable in girls and in the lower class.

The traditional Confucian custom requires that the counselor talk to the husband before talking to the wife. Even while he is talking to the wife, he should make the husband feel that he is the head of his family. Age is another dimension in Confucian hierarchal order. In his communication with Vietnamese elders, the counselor should show them his respect.

To empathise with differences and to learn the latent messages in intercultural communications, the counselor needs to learn as much as possible about the culturally different client. Were the Vietnamese urban or rural dwellers? Were they used to a Western, French, or American culture? What was the father's former occupation? The answers to such questions will suggest a method of dealing with the client.

(4) Good Listener. The counselor should try to listen to the client, let him/her talk and pay attention to what has and has not been said. The client confides in a counselor because he/she is a sympathetic listener, a person of experience, and because this is an occasion for venting their emotions which may have become too much for them to bear alone.

(5) Authoritanism. Vietnamese clients may perceive a non-authoritative counselor as unconcerned. Often my counseling approach to the low economic class and young people has been directive rather than non-directive.

(6) Openness. The counselor should be able to hear and accept the values of the other person without needing to distort them to meet his own needs.

(7) Confidentiality. The counselor should make certain that the client understands that files are kept confidential in the office and problems will not be heard in the community. Since saving face is important to the Vietnamese, try not to use an interpreter as much as you could because information about clients may be revealed to the community through the interpreter. When an interpreter is used, two pitfalls must be avoided. First, the counselor must be careful to pay attention to the principal parties, not to the interpreter. Otherwise it will be difficult to note reactions, convey warmth, and create rapport. Second, the interpreter must not be allowed to encroach on the counselor's role by offering clarification or amplification. It is necessary to select a good interpreter who understands both the Vietnamese and American cultures and is familiar with the nature of the problems of transition. If possible, select an interpreter who is the same sex as the client.

## The Suggested Counseling System for Vietnamese Women.

Based on the above considerations, I suggest that a culturally sensitive counseling model may be most useful for counseling Vietnamese women. This culturally sensitive counseling model relies on: (1) a preference for lineal relationship based on vertical structures, where the counselor plays the role of a teacher in the Confucian hierarchy, (2) the use of the strong family influence, and (3) a present-time-oriented approach to treatment, since the Vietnamese client often expects the counselor to provide immediate solutions to their problems.

In this system the counselor must relate to the client hierarchically, recognizing that the counselor role is perceived by the client as a position of authority. Other authority figures in the life of the client may also be important and may need to be included as well as part of the counseling system, e.g., teachers, school counselors, sponsors, employers, and probation officers. Therefore, it is the joining of family, counselor, and other authorities that constitute the most appropriate counseling system for the Vietnamese women in transition.

Counseling as an aid to Vietnamese moving into the American mainstream is a cultural necessity. This necessity is more important to the Vietnamese women who are pivotal centers of the Vietnamese families. Presently, the traditional Vietnamese family in the U.S. is shaken due to new situations involving new value systems. If the Vietnamese women are assisted through cultural sensitive counseling, they may be able to keep their significant traditional values and at the same time, make gains by becoming aware of modern American values. In merging traditional and modern values, Vietnamese women and their families will develop strong hands, sensitive hearts, and systematic minds. These qualities will help build America into the most loved and respected nation in the world.

## APPENDIX "A"

| | Female | | Male | |
|---|---|---|---|---|
| 0 - 4 | 5.4 | 20,165 | 5.8 | 21,645 |
| 5 - 14 | 11.6 | 43,912 | 13.0 | 48,516 |
| 15 - 24 | 11.3 | 42,171 | 14.4 | 53,740 |
| 25 - 44 | 11.8 | 44,037 | 14.0 | 52,248 |
| 45 - 64 | 3.6 | 13,435 | 3.6 | 13,435 |
| over 64 | 1.1 | 4,105 | .7 | 2,612 |

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# PRELIMINARY NUTRITIONAL AND DEMOGRAPHI ASSESSMENT OF HMONG REFUGEES IN THE AREA OF PUGET SOUND, WASHINGTON[1]

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## I. Introduction.

By February, 1981, the State of Washington had the third largest number of Indochinese refugees in the U.S., behind California and Texas (Refugee Reports II(21):8). Over 21,000 Indochinese refugees were officially reported to be in the State. Unofficially, all indications are that the actual number may be as much as 30-35% higher due to secondary migration of refugees from other states. Approximately 1200-1500 of these are Hmong, who come to the U.S. from the mountains of northern and eastern Laos (Heng Sao, pers. comm.; field notes). As of April, 1981, 29 Hmong households numbering 220 people lived in seven communities in the area east of Lake Washington, approximately within 30 miles of the area east of Seattle. I would like to discuss dietary and demographic data gathered by working with these 29 households.

We have been concerned with understanding what happens to a people's diet when they migrate from Southeast Asia to the U.S, and with what are the biological consequences of dietary shifts. Consequently, we have interviewed men and women from these Hmong families about their dietary histories, their migration to the U.S, and their changes in diet since their arrival.

## II. Background and literature review.

The published literature on traditional Hmong diets in the northern Laotian provinces of Luang Prabang and Sayaboury and in other Hmong areas is quite small (Roberts, et. al., 1967; Lemoine, 1972; Bernatzik, 1970; Cuisinier, 1948; Kunstadter, et. al., 1978; Keen, 1978), but the general impressions they give have been confirmed by discussions about traditional dietary patterns with the Hmong families surveyed here. Before the 1960's, most Hmong villages were located between 2000 to 4000 feet in elevation. Slash-and-burn agriculture was routine, with new planting areas cleared every three to four years. Dry-rice farming provided the dietary stable, but "eating rice" also assumes one is eating some vegetables and greens as well, grown in gardens. Although all vegetables in the highlands were available only seasonally, the most common were cabbage, several types of beans, peppers, onions, and several varieties of sweet potato. Following World War II the highland diet began to be increasingly supplemented by occasional imports from lowland towns, such as bananas, pineapple, papayas, condensed milk. Only several times a month for most families some meat from chicken, and, more rarely, pigs, was consumed. Once or twice a year buffalo meat was eaten, and only occasionally were fish eaten in the highlands. However, all domestic foods were supplemented by food from the forest. Most Hmong boys and men hunted, boys for birds and small amphibians, men for these and ferel pigs, deer, monkeys, and others.

In all, meat from the forest was eaten about three to six times per month, but some Hmong families now in Washington State reported eating meat once a month or less in pre-1960's Laos. Many types of vegetables were collected from the forest as well, by both men and women, such as mushrooms, bamboo shoots, many kinds of berries, totaling at least 40 different species. Obviously, all such dietary reconstructions of events long past are subject to errors due to selective memories and underreporting of common events (I-Ping Ynag, et al., 1979).

However, the diet of the highlands was not without its problems. Many years saw the rice run out in the period just before the rice planting until the new crop reached maturity, often during the months of June, July, August. Often, the rice stores became exhausted due to infestations of rodents. During this time maize became the dietary staple, but many people interviewed said they did not feel as strong when eating maize, and that it was hard to eat enough of it to feel satisfied at a meal.

It is unclear how serious the "seasonal hunger" was in Laos, what consequences it had for protein and energy intakes, and how it affected growth patterns of children, if it did so at all.

Of the 29 Hmong families we have so far interviewed about biographical and socioeconomic matters, some had begun to move from highland to lowland villages by the late 1950's. Consequently, diets shifted slightly as a result of moving to lowland regions. Meat consumption became more regular, canned milk was used more frequently, some fruits and vegetables not available in the highlands were more often eaten.

Perhaps a major difference experienced in the lowlands was that the time of "seasonal hunger" did not occur in the lowland towns, because foods, especially rice, were more regularly available.

For some families, however, the time between the late 1950's through the middle 1970's was a period of constant movement, of dependence on food supplied by U.S. Armed Forces, and of greater reliance on foods collected and hunted from forested areas.

For some families, seven of the nineteen we have interviewed about food use and food preference, this was a period of periodic and considerable dietary hardships once they left their highland village areas and moved to the lowlands. Dietary problems in the lowlands were compounded by exposure to lowland diseases, especially malaria.

Starting in August, 1975, and again in 1977 and 1979, many thousands of Hmong people attempted to escape from the war in Laos for the refugee camps in Thailand (Staff Report, Washington, 1980). For some, the escape was swift, and the entire family may have safely crossed the Mekong River into Thailand within two weeks. For others, escape meant hiding and living in the forest for a year and more, and some family members died or were killed.

Individual's diets are difficult to reconstruct for this period of escape, but our impressions are that hunger was common.

The families we have interviewed were in the refugee camps between eight months and five years, with an average stay of just under four years. We have attempted to reconstruct their diets for the time spent in refugee camps. Our impressions agree with what has been reported elsewhere (Olness, et al., 1980) about camp conditions. For the first few years after they were established, most calories available were in the form of unenriched rice with fish sauce or soy sauce used for seasonings. Food was monotonous and inadequate in iron, calcium, iodine, proteins, fats (Olness, et al., 1980; Erickson, et al., 1980). More recently, diets in the refugee camps have improved, become more varied, and now include fresh fruit, vegetables, and more milk (Bob Johnson, Director, International Rescue Committee, Seatle, Washington, Per. Comm.). Moreover, some families were able to forage in the surrounding forested areas, and some obtained foods from black market sources.

## III. Methods and data collection.

We have, and with more exact quantifications, attempted to assess what changes have occurred in diets after these families arrived in the U.S. Using an interview schedule designed to take into account what we had previously learned about their histories and food preferences, we have thus far interviewed 31 people in 19 households about their migratory histories, frequencies of food use in highland and lowland Lao, Thailand, and especially in the U.S., socioeconomic status in Lao and the U.S., food preferences, the types of social settings in which particular categories of foods are usually eaten in the U.S. We asked about "normal" daily eating habits, and conducted 24-hour dietary recalls (Beaton, et al., 1979), and references therein). We also questioned women about their reproductive histories.

Nearly 100 individuals have been measured anthropometrically by one of us (M.G.H.), using standard techniques for measuring stature (anthropometer, no shoes); wieght (spring scale calibrated for each use); head and mid-upper arm circumference (non-variable plastic tape); tricepts, subscapular, and chest skinfold thicknesses (Lange skinfold caliper); nose breadth and height (sliding calipers). Many of these measurements were selected to provide comparison with published growth data from U.S. and other Asian populations (NCHS, 1975; ICNND, Vietnam, 1960; ICNND, Thailand, 1960; Khanjanasthiti, et al., 1973; Chandrapanond, et al., 1973; Morris, et al., 1980). All measurements were made during the early afternoon in the family's home, and all household members were measured on the same day (with two exceptions).

While we recognize and accept many of the limitations inherent in available growth charts (DuRant, et al., 1981) such as the NCHS growth standards, we can do little more during this initial data-collecting phase than compare descriptively our results with others already available. Clearly, since the NCHS charts are based on data biased toward bottle-fed infants, breast-fed infants may be identified as not gaining weight quickly enough.

This work has been successful so far largely due to the efforts of Yang Chu Ly, now living in Carnation, Washington, who made all arrangements for us to visit with families in their homes, who helped us considerably with the construction of our interview schedules, and who routinely performed extraordinary feats acting as interpretor.

## IV. Results and Discussion.

Data presented here allow us to address five topics:

A. Describe the demographic and socioeconomic characteristics of the people we have been working with;

B. present data on growth patterns of Hmong children as they compare with U.S. norms and growth patterns of other Asian populations;

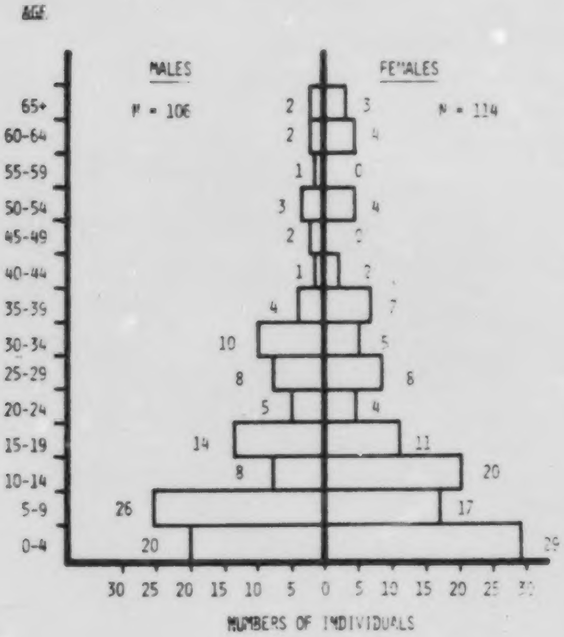
C. establish a partial chronology of changes in food use and food intake frequency since these Hmong families have arrived in the U.S.;
and

D. indicate age and sex groups with possible insufficiencies of several necessary nutrients in their U.S. diets.

### A. Demography and socioeconomics.

By the time Hmong households had been located and mapped in seven communities in the area east of Seattle and Lake Washington, late in April, 1981, 29 Hmong households could be identified. Since then, two more families have moved to Kirkland from Hawaii, two more have arrived in Carnation, one from Thailand and one from Portland, Oregon, and one has moved to Pedmond, also from Portland, adding 31 more individuals to the data present here (Figure 1).

FIGURE 1: POPULATION PYRAMID BASED ON 29 HMONG HOUSEHOLDS, APRIL, 1981.



These 29 households contain 200 individuals distributed by age and sex as seen in Figure 1. Fifty-one and a half percent (N=144) are 19 years old or younger; 51.8% are females. An average of 7.6 people live in each household.

Data detailing major sources of income indicate that one or more wage-earners live in 15 households, and that total household income from all sources ranges from about $700.00 to just under $1900.00 per month (Table 1). Families in four of 29 households own their own homes, all located in Carnation. Expenses for food range from about $150.00 per month for a household of two to just under $500 per month for a family of 13.

TABLE 1 : SOCIOECONOMIC CHARACTERISTICS OF 29 HMONG HOUSEHOLDS IN SEVEN COMMUNITIES IN KING COUNTY, WASHINGTON STATE, APRIL. 1981.

| I. Length of time in the U.S.: | | | | | |
|---|---|---|---|---|---|
| A. # years: | 0-1 | 1-2 | 2-3 | 3-4 | 4-5 |
| B. # heads of households (eldest males): | 7 | 15 | 3 | 2 | 2 |

| II. Housing: | Own | Rent |
|---|---|---|
| # heads of households (eldest males): | 4 | 25 |

| III. Income (by household, per month): | | | | | | | |
|---|---|---|---|---|---|---|---|
| A. # wage earners per household: | 0 | 1 | 2 | 3 | | | |
| # households: | 14 | 10 | 2 | 3 | | | |
| B. Income per month: | $0. | $100-199. | $200-399. | $400-699. | $700-899. | $900-1399. | $1400-1899. |
| 1. Employment: | 14 | | | 3 | 6 | 3 | 3 |
| 2. Welfare: | 10 | | | 9 | 5 | 5 | |
| 3. Food stamps: | 10 | 9 | 10 | | | | |
| 4. TOTAL INCOME: | | | | | 12 | 10 | 7 |

| IV. Expenses (by household, per month): | $0-45. | $50-99. | $100-199. | $200-299. | $300-399. | $400-499. | $500-599. |
|---|---|---|---|---|---|---|---|
| 1. Rent or mortgage: | | | 6 | 10 | 4 | 5 | 4 |
| 2. Car payment: | 8** | 13 | 1 | | | | |
| 3. Utilities: | 2 | 16 | 8 | 3 | | | |
| 4. Food (estim.): | | | 1 | 14 | 12 | 2 | |
| 5. Other* : | 1 | 11 | 8 | 9 | | | |

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* Includes: payments for TV, car insurance, transportation, repayment of loans, etc.

** Indicates cars that are paid in full. Only 22 households own cars

Although we have only limited data about the socioeconomic conditions of Hmong families elsewhere in the U.S., our impressions are that adults in these 29 households are finding jobs with a far degree of success, especially considering recent economic conditions. Several factors may account for this. First, living in a rural area means jobs are available needing only limited proficiency in English, such as seasonal agricultural work, or "pushing cows" on dairy farms. Second, in these communities there are few or no other ethnic minorities with high unemployment rates to compete with. Consequently, jobs are available at the minimum wage, no prior experience level with few other takers. Third, this particular group of families seem to feel collectively that finding work takes precedence even over attending classes in English as a Second Language. The head of the Hmong family first settled in this area, in Carnation, feels strongly that finding jobs and minimizing dependence on welfare is necessary for long-term survival in the U.S. Many more recent arrivals first stayed in his home for periods ranging from two weeks to three months, and he attempted to convince other men of the necessity to find work. He assisted them, with fair success, in doing so.

### B. Growth and development

Of the anthropometric data collected, only statures and weights are discussed here. Statures for age for boys and girls are presented in Figures 2 and 3, and weights for age in Figures 4 and 5. The growth charts used for comparison are standard and widely used (NCHS, 1975), and indicate changes in stature and weight for age normed on a U.S. sample. Blackened circles represent the mean values for weights or statures averaged for two-year age groups for Hmong children. No other descriptive analysis is presented because the small sample size could well produce spurious standard deviations. Each point represents data from three to nine individuals. However, we feel confident at this point that the patterns seen here will prove to be representative (see below).

FIGURE 2 BOYS FROM 2 TO 18 YEARS
STATURE FOR AGE

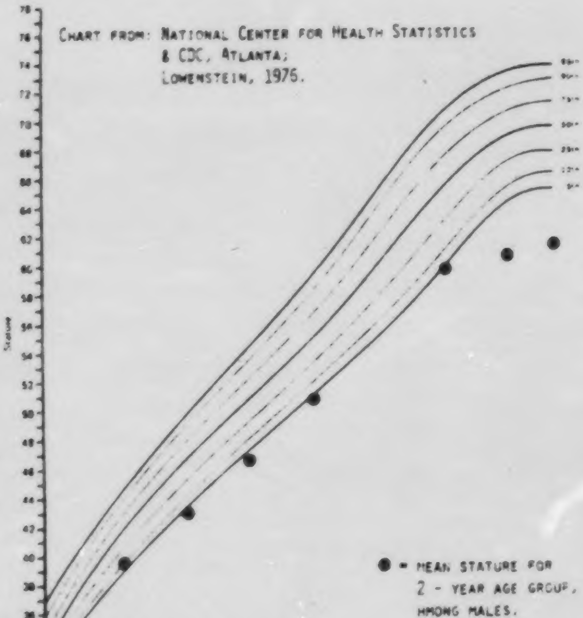
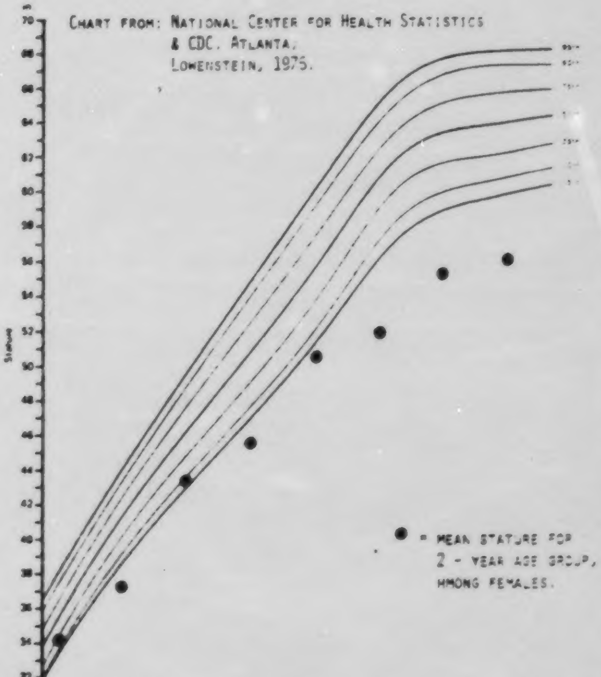


FIGURE 3: GIRLS FROM 2 TO 18 YEARS
STATURE FOR AGE



Mean statures for males are at the 25th percentile of U.S. norms for the 2-3 year-olds (Figure 2), below the 5th percentile for 6-7 year olds, stay at about the 5th percentile until the 14-15 year-old age group, and fall below for other groups. The rate of stature increase slows down by about the age of 15 years, whereas the U.S. sample indicates significant slowing of stature increase at 15 years for rapid growers and 17 for slower growers. A similar pattern is apparent for stature increase of females (Figure 3), with early statures at about the 25th percentile, later ones below the U.S. 5th percentile, and a decrease in the rate of stature increase between 14-15 years of age.

Mean weights for age for Hmong boys (Figure 4) and girls (Figure 5) are around the U.S. 50th percentile for 2-3 year-olds, and thereafter fall to between the U.S. 10th to 25th percentiles. Boys fall below the U.S. 5th percentile between 16-18 years of age, while the weights of girls stay at about the U.S. 10th percentile.

FIGURE - BOYS FROM 2 TO 18 YEARS
WEIGHT FOR AGE

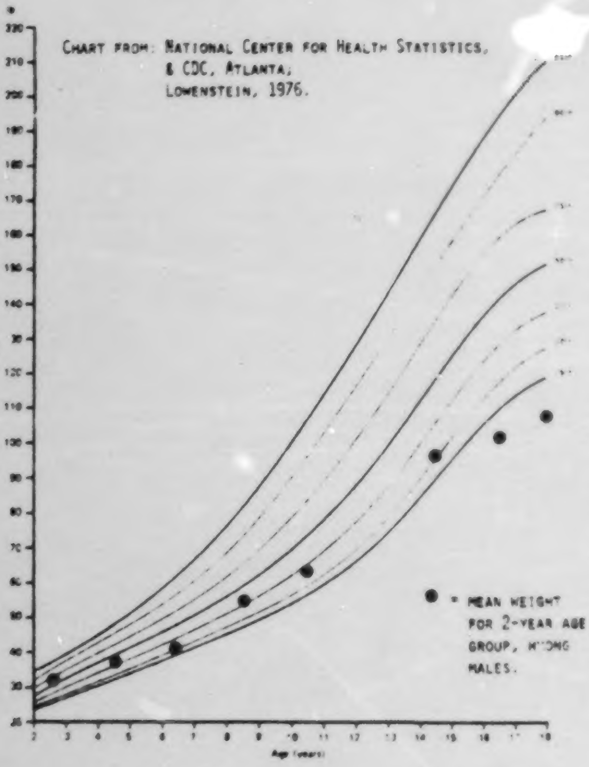


CHART FROM: NATIONAL CENTER FOR HEALTH STATISTICS,
& CDC, ATLANTA;
LOWENSTEIN, 1976.

● = MEAN WEIGHT FOR 2-YEAR AGE GROUP, HMONG MALES.

FIGURE 5: GIRLS FROM 2 TO 18 YEARS
WEIGHT FOR AGE

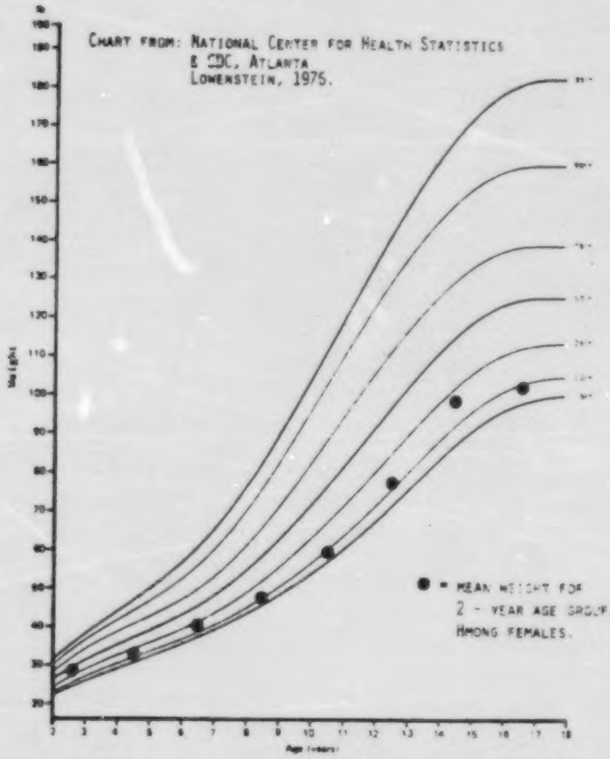


CHART FROM: NATIONAL CENTER FOR HEALTH STATISTICS
& CDC, ATLANTA
LOWENSTEIN, 1975.

● = MEAN WEIGHT FOR 2 - YEAR AGE GROUP, HMONG FEMALES.

Clearly, and perhaps obviously, growth charts generated by study of U.S. populations cannot be applied to predict normal growth patterns of Hmong children. Our results do compare, however, with growth studies of children reported from Thailand. Hmong boys in our sample between 2-3 years old are slightly heavier but the same height as are children of middle and professional class families in Bangkok, Thailand (Khanjanasthiti, et al., 1973), but by 4-5 years their heights and weights are quite similar. Hmong girls in our sample are shorter than the middle- and professional-class Bangkok sample between 2-5 years of age (by an average of 1 - 1½ inches), but their weights are nearly the same (Khanjanasthiti, et al., 1973). Compared to Thai village children in Nakorn Rajsimi province, northeast of Bangkok, these Hmong children are within 1½ inches in stature, but from seven to nine pounds heavier for girls between two to five years of age (Chandrapanond, et al., 1973). Of the rural Thai children, in a "typical" farming community, 76% were reported to be malnurished based on clinical and physical assessment. Thus, the Hmong children in our sample are quite comparable to well-nurished children from families with sufficient income from Bangkok, Thailand, and heavier for age than rural Thai children.

### C. Changes in food use and food frequency.

Hmong refugees who moved from Laos to the refugee camps in Thailand were forced to change their diets because many food items were unavailable in the camps. Since coming to the U.S. additional changes in both the frequency of items consumed and the items themselves have taken place, but at a rate which seems to vary by age and sex. Of the 109 food items which were used to determine change in patterns of food use and food preference between Laos and the U.S., (Table 2), 19 items more common to the U.S. than Laos or Thailand were tried by at least half the refugees, and mainly in the U.S. for the first time (Table 3).

Foods most likely eaten for the first time in the U.S. and most liked on this "new foods" list include apples, fruit juices, strawberries, frozen fruit, frozen vegetables, peanut butter, hamburger, grapes, and bread.

Table 4 lists the frequency with which 25 kinds and categories of foods are usually eaten by this sample on a weekly basis, divided by age and sex. These 25 items are selected from a 47-item "food list" derived from the items listed in Table 2, and selected to include the main items in the U.S. diets of these Hmong households. Starred items (Table 4) are those with significant differences in the frequency of consumption between males and females ($p < .06$, t-test). Men are, on the average, more frequently eating chicken, pork, but not meat overall, than are women, while women more often eat eggs, peanut butter and nuts, fruit, all types of sweets, and more frequently drink milk and juice than do men.

TABLE 2 : FOOD ITEMS USED TO DETERMINE CHANGES IN PATTERNS OF FOOD USE FREQUENCY AND FOOD PREFERENCE BETWEEN LAOS AND THE U.S.[1]

1. steak
2. fried chicken
3. hamburger
4. buffalo meat
5. pork
6. wild pig
7. deer
8. birds
9. monkey
10. salted meat
11. smoked meat
12. tongue (beef, pork)
13. sausage, bacon
14. hot dogs
15. buffalo - brain
16. buffalo - heart
17. buffalo - lung
18. buffalo - kidney
19. buffalo - liver
20. buffalo - intestines
21. buffalo - stomach
22-28. pig - organs (see #15-21)
29. beef - liver
30. fish (U.S.)
31. fish (Laos)
32. eggs - chicken
33. eggs - duck
34. bread
35. sandwich
36. potato - baked
37. french fries
38. potato chips
39. breakfast cereal - dry
40. breakfast cereal - cooked
41. pizza
42. soft drinks
43. coffee
44. tea
45. beer
46. wine
47. milk - canned (sweet)
48. milk - powered
49. milk - whole (all kinds)
50. fruit juice - natural
51. fruit juice - sweetened
52. rice - glutinous
53. rice - non-glutinous
54. maize
55. canned fruit
56. canned vegetables
57. frozen fruit
58. frozen vegetables
59. noodles
60. peanut butter, nuts
61. salad - green
62. salad - potato
63. celery
64. orange
65. apple
66. green peas
67. asparagus
68. carrot
69. cauliflower
70. yellow squash
71. pear
72. grapes
73. watermelon
74. raisin
75. strawberry
76. cantaloupe
77. grapefruit
78. pineapple
79. sweet potato
80. cabbage
81. banana
82. pepper - hot
83. pepper - mild (green, red)
84. lettuce
85. onion
86. papaya
87. bamboo shoot
88. mushroom
89. coconut
90. ketchup
91. soy sauce
92. fish sauce
93. cheese - yogurt
94. cheese - cottage
95. cheese - solid
96. cake (all types)
97. pie (all types)
98. cookies (all types)
99. candy (all types)
100. ice cream
101. jam (all types)
102. pancake
103. cooking oil - vegetable
104. cooking oil - chicken fat
105. cooking oil - pig fat
106. sugar
107. butter
108. margarine
109. spices

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[1] N = 31 Hmong refugees, 17 males and 14 females.

TABLE 3 : FOOD PREFERENCE - ARRANGED BY ORDER OF THOSE ITEMS MOST LIKELY ENCOUNTERED AS "NEW" IN THE U.S. [1]

| Item | Where First Eaten | | | | Like - Dislike[2] | | |
|---|---|---|---|---|---|---|---|
| | Never | U.S. | Thailand | Laos | Dislike | Accept | Like |
| 1. Apples | | .90 | .03 | .07 | | | 1.00 |
| 2. Hamburger | .10 | .90 | | | | | 1.00 |
| 3. Fruit juice | .06 | .90 | .04 | | .10 | | .90 |
| 4. Strawberries | .13 | .87 | | | | | 1.00 |
| 5. Peanut butter | .13 | .81 | .03 | .03 | .03 | | .97 |
| 6. Frozen fruit | .13 | .77 | .03 | .06 | | | 1.00 |
| 7. Frozen vegs. | .16 | .77 | | .07 | .03 | | .97 |
| 8. Canned fruit | .16 | .74 | .04 | .06 | .13 | | .87 |
| 9. Grapes | .06 | .74 | .07 | .13 | | | 1.00 |
| 10. Bread | .04 | .71 | .06 | .19 | .03 | | .97 |
| 11. Grain cereal (dry) | .23 | .71 | .06 | | .13 | | .87 |
| 12. Celery | .10 | .68 | .06 | .16 | .13 | | .87 |
| 13. Asparagus | .32 | .68 | | | .05 | .05 | .90 |
| 14. Carrots | .16 | .68 | .03 | .13 | .10 | | .90 |
| 15. Cake, pie | .16 | .65 | .06 | .13 | | .06 | .94 |
| 16. Pancake | .39 | .61 | | | .10 | .06 | .84 |
| 17. Hard cheese | .42 | .55 | | .03 | .35 | | .65 |
| 18. Ketchup | .35 | .52 | .03 | .10 | .10 | | .90 |
| 19. Pizza | .45 | .52 | .03 | | .39 | | .61 |

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[1] N = 31, 17 males and 14 females, between 15-80 years of age

[2] Based on those who have "ever eaten" the food item, only.

TABLE 4 : FOOD FREQUENCY - NUMBER OF TIMES PER WEEK THAT THE MOST COMMONLY CONSUMED FOODS ARE EATEN BY 31 HMONG IN 17 HOUSEHOLDS IN KING COUNTY, WASHINGTON. JAN. - MAY, 1981

| | | MALES | | | | FEMALES | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Age-yrs | 15-20 | 21-39 | 40+ | $\bar{X}$ | 15-20 | 21-39 | 40+ | $\bar{X}$ |
| | (N) | (2) | (10) | (5) | | (2) | (6) | (4) | |
| 1. | Chicken* | 7.0 | 10.3 | 5.4 | 8.6 | 3.0 | 6.2 | 6.5 | 5.9 |
| 2. | Pork* | 7.0 | 6.5 | 8.2 | 7.1 | 7.0 | 5.8 | 3.0 | 4.6 |
| 3. | Beef | 2.0 | 1.0 | 1.0 | 1.3 | 2.1 | 1.5 | 2.2 | 1.8 |
| 4. | Liver | 0.0 | 0.6 | 0.2 | 0.4 | 0.0 | 0.2 | 0.2 | 0.2 |
| 5. | # times meat (all) | 17.0 | 19.1 | 15.5 | 17.8 | 14.0 | 16.0 | 15.0 | 15.3 |
| 6. | Yogurt | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.2 | 0.1 | 0.1 |
| 7. | Cottage cheese | 0.0 | 0.2 | 0.2 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 |
| 8. | Hard cheese | 0.0 | 0.8 | 0.2 | 0.7 | 0.0 | 0.3 | 0.0 | 0.2 |
| 9. | Eggs* | 5.0 | 2.6 | 2.0 | 2.7 | 4.3 | 5.7 | 4.5 | 4.9 |
| 10. | Dried beans, peas | 0.5 | 0.1 | 0.1 | 0.2 | 0.0 | 0.1 | 0.3 | 0.2 |
| 11. | Peanut butter, nuts* | 1.0 | 2.2 | 2.1 | 1.8 | 0.0 | 0.9 | 7.4 | 3.3 |
| 12. | Cereals (not rice) | 1.0 | 0.3 | 0.0 | 0.3 | 1.1 | 0.5 | 0.3 | 0.8 |
| 13. | Rice | 17.5 | 18.1 | 14.0 | 16.8 | 12.2 | 15.2 | 16.8 | 15.2 |
| 14. | Potato, french fries | 1.0 | 0.7 | 0.3 | 0.6 | 4.3 | 2.1 | 1.1 | 2.1 |
| 15. | Bread [1] | 14.5 | 11.6 | 8.7 | 11.1 | 14.1 | 12.5 | 12.3 | 12.7 |
| 16. | Fruit juice [2,*] | 4.5 | 3.9 | 2.3 | 3.5 | 10.5 | 10.7 | 10.3 | 10.5 |
| 17. | Fruit [3,*] | 2.0 | 3.5 | 3.5 | 3.3 | 7.0 | 4.0 | 7.5 | 5.1 |
| 18. | Cooked vegs. [6] | 9.0 | 12.2 | 14.0 | 12.4 | 3.0 | 9.3 | 12.8 | 10.0 |
| 19. | Raw vegs. | 0.9 | 1.5 | 1.1 | 1.4 | 0.3 | 3.2 | 2.4 | 2.0 |
| 20. | Milk [4,*] | 5.0 | 4.7 | 1.0 | 3.6 | 7.0 | 7.9 | 1.9 | 5.8 |
| 21. | Butter | 5.0 | 1.1 | 0.2 | 1.3 | 3.0 | 1.5 | 2.2 | 1.7 |
| 22. | Soy sauce | 14.0 | 8.2 | 7.0 | 8.5 | 12.0 | 7.6 | 12.3 | 9.7 |
| 23. | Fish sauce | 19.0 | 12.1 | 7.5 | 11.6 | 12.0 | 8.8 | 14.0 | 11.1 |
| 24. | Sweets (all kinds) [5,*] | 11.5 | 3.3 | 2.5 | 4.0 | 11.0 | 12.5 | 10.5 | 11.6 |
| 25. | Fish | 2.1 | 0.4 | 0.3 | 0.6 | 1.6 | 0.7 | 0.5 | 0.7 |
| | Number of meals | 21.0 | 19.7 | 15.8 | 19.5 | 21.0 | 19.8 | 19.2 | 19.8 |

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[1] Mainly white, enriched.

[2] Mainly orange, apple.

[3] Mainly apples, oranges, grapes.

[4] Mainly 2% (low fat) in 11/17 households.

[5] Includes ice cream, sweet rolls, donuts, cookies, pie, cake, candy.

[6] Includes green beans, peas, cabbage, lettuce, onion, primarily.

[*] Differences between means of samples significant at $p < .06$, t-test.

We attempted to determine if the distribution of food frequencies is predicted by length of residence in the U.S., dividing the sample into two groups, 22 households in the U.S. for two years or less and seven households in the U.S. for between two to five years. We can find no significant differences, perhaps due to our limited sample of longer-term residents. Nor can we find any differences by length of stay in a Thai refugee camp, nor by size of household. Although not presented here, our data do suggest that some differences correspond with employment status. The eight of 17 men interviewed who work more frequently ate peanut butter, bread, and milk, while those who did not work more often ate rice and sweets.

There are, for this population, differences by sex but especially by age in the proportion of the 47-item food list that are regularly eaten (Table 5). There is a consistent tendency for females to have eaten a wider variety of foods on the list than males, within each age group. More striking are the differences by age within sexes. For items regularly eaten two or more times per month, younger males and females between 15-20 years of age regularly eat a wider variety of items than do people over 40 years old. While this might be due to sampling error, the differences by age are in an expected direction if there are relationships between rapidity of learning English, timing of entry into the job market, and mobility from car use and the rate of experimentation with new dietary items. Note especially that the five males 40 and older regularly use only 44.3% of the 47 items, and women 40 years and older use regularly 54.3% of the items. This difference between older women and men is mainly due to women eating a wider variety of sweet flour foods and drinking a larger variety of fruit juices.

TABLE 5 : PERCENTAGE OF ITEMS FROM "FOOD LIST" EVER OR REGULARLY EATEN. "FOOD LIST" ITEMS ARE THOSE COMMONLY AVAILABLE FROM LOCAL SOURCES WHICH SAMPLE ALL MAJOR NUTRIENT CATEGORIES. (47 ITEMS ON LIST)

| | | Percentage of items ever eaten. Mean (range). | Percentage of items eaten 2+ times per month. Mean (range). |
|---|---|---|---|
| MALES: | 15-20 yrs.<br>(N = 2) | 60.0%<br>(50.0-70.0%) | 56.5%<br>(46.0-67.0%) |
| | 21-39 yrs.<br>(N = 10) | 65.2%<br>(45.0-79.0%) | 57.0%<br>(38.0-76.0%) |
| | 40+ yrs<br>(N = 5) | 57.0%<br>(47.0-68.0%) | 44.3%<br>(42.0-47.0%) |
| FEMALES: | 15-20 yrs.<br>(N = 2) | 68.0%<br>(66.0-70.0%) | 61.0%<br>(61.0%) |
| | 21-39 yrs.<br>(N = 6) | 62.2%<br>(45.0-70.0%) | 59.7%<br>(45.0-68.0%) |
| | 40+ yrs.<br>(N = 4) | 68.0%<br>(56.0-82.0%) | 54.3%<br>(47.0-80.0%) |

We have thus far conducted only a preliminary analysis of the dietary data in terms of the relative representation of important nutrients and minerals. Table 6 lists seven nutrients and minerals that have been reported as problematic for Southeast Asian refugees both in the refugee camps and upon their arrival in the U.S. (Olness, et al., 1980; Erickson, et al., 1980; DuRant, et al., 1981). Listed also are the major dietary sources of these nutrients and minerals which were included in the food-frequency interview (Table 4). Our interpretation is summary at this point, since we do not as yet have data on the quantity of the various foods consumed, but only on the frequency of consumption. Of the seven essential dietary components considered, three may be deficient in the diets of certain age and sex groups. Based on the frequency of foods consumed, we estimate that iron (from red meats, egg yolk, iron enriched cereals and breads, and raisins) is most likely inadequate in the diets of males 40 years of age and older, and that both calcium and Vitamin D are deficient in the diets of both males and females 40 years and older. Calcium requirements may actually be higher in the U.S. than they were for this population when in Laos, due to the more frequent consumption of animal proteins in the U.S. Iron deficiency is associated with anemia, and is potentially common to both children and adults. Calcium is the main mineral in bone, but the portion found in extracellular fluid plays an important role in controlling the excitability of peripheral nerves. Vitamin D is a fat soluble vitamin needed for absorbtion and metabolism of calcium and phosphorous. Deficiencies in children are associated with rickets and malformed bones, and in adults with osteoporosis.

### D. Observations of other dietary habits of Hmong.

Our impressions and observations after talking with 31 people, and after eating meals with them in their homes, are the following dietary practices have some significance in influencing adequacy of diets:

1. Many of the women reported a general avoidance of meat following the birth of a child, especially pork, and some reported a decreased meat consumption during the last trimester of pregnancy.

2. Older people particularly eat vegetables by boiling them for fairly long periods and then drinking the water during a meal, often not eating the vegetables themselves at all.

3. Most individuals 25 years old and older reported prior or present problems associated with drinking milk, but the reporting of problems decreased if small amounts of milk were taken with a meal.

4. More and more Hmong women are bottle-feeding their babies, and seem to be encouraged on the whole to do so by their female sponsors.

5. Many women sponsors have taught cooking to Hmong women shortly after the refugee family arrives. Most frequently, in our

TABLE 6 : FOODS PROVIDING MAJOR PORTIONS OF NUTRIENTS LISTED[1]

| Nutrient | Foods | Item number from Table 4 |
|---|---|---|
| IRON | Meats (especially red) | 3,5 |
| | Egg yolk | 9 |
| | Iron enriched cereals and breads | 12,15 |
| | Raisins | |
| CALCIUM | Milk | 20 |
| | Hard cheese | 8 |
| | Yogurt | 6 |
| | Nuts | 11 |
| | Green leafy vegetables | 18,19 |
| MAGNESIUM | Potatos | 14 |
| | Most fruits | 16?, 17 |
| | Whole grain cereals | 12 |
| THIAMIN (B1) | Pork | 2 |
| | Grain cereals | 12 |
| | Beans | 10 |
| | Milk | 20 |
| | Rice (enriched) | 13 |
| NIACIN | Lean meats | 1,5 |
| | Whole grains | 12 |
| | Nuts | 11 |
| | Legumes | 10 |
| VITAMIN D | Milk (with vit. D. added) | 20 |
| | Egg yolks | 9 |
| | Butter | 21 |
| | Fish (fatty) | 25 |
| | Liver | 4 |
| FOLIC ACID | Liver | 4 |
| | Green leafy vegetables | 18,19 |
| | Dried legumes (beans, split peas) | 10 |
| | Nuts | 11 |
| | Fresh oranges | 17 |
| | Whole wheat products | 12,15 |

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[1] Ref.: Robinson, 1978: Karkeck, 1981

experience, Hmong women are taught how to cook pies, cakes, cookies, pancakes, and occasionally bread. Of these items, cakes and pancakes are most likely to remain in the Hmong women's dietary.

## V. Recommendations.

Based on the data we have gathered and presented, there are several specific recommendations to make concerning diet:

A. Newly arrived refugees should live for a short time in the household of an earlier arrival who has had some success in adjusting to the socioeconomic, health, and dietary demands of living in the U.S. This is mainly possible between relatives. Our experience is that families who initially live with relatives make a more rapid and somewhat easier adjustment. It may be necessary to provide cash subsidies to refugee families who are able to provide such a service.

B. Sponsors must be provided with more information about what effects their habits may have on refugees, especially in the area of nutrition. Many sponsors and refugee families form close friendships, and sponsors can serve as an excellent source of information about good dietary practices.

C. Older people are also vulnerable to dietary insults and their needs must be addressed. Available dietary programs are directed towards pregnant and nursing women, and women with small children. Attention should also be paid to other age and sex groups with indications of dietary lacks.

D. Vegetable gardening by refugees should be encouraged and land made available for that purpose. We have seen that many leafy vegetables and other crops can be grown locally which refugees will readily use. While grocery stores can be approached to stock such items, they cannot be stocked if they are unavailable.

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# U.S. PROGRAMS FOR INDOCHINESE UNACCOMPANIED MINORS

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Nearly one-half million Indochinese refugees have resettled in the United States since 1975 (American Public Welfare Association, 1981). While a large number of these are children, the vast majority of the youth arrive with one or both parents or some other adult relative. A significant number of refugees, however, are unaccompanied minors: refugees under the age of 18 who do not have adult relatives with them in the camps or in the United States. Recent changes in classification now give greater priority to youth under 15, although at this point, the change in categories has not made a difference in the numbers or demographic characteristics of the youth coming in.

Between 1975 and 1979, approximately 800 unaccompanied minors were resettled in the United States (Walter, 1979). Since then, an additional 2,500 have arrived (Eckhof); the second group consisting primarily of boat people. At the time of this writing, unaccompanied minors continue to arrive in the United States at the rate of 20 per month, a number that could easily increase in the near future (Brenden).

Although there has been considerable range in the demographic characteristics of unaccompanied minors, several tendencies have been evident:

- Between 80% and 90% are male, probably reflecting various cultural factors and the dangers experienced on the seas and in the camp.

- A high percentage of the unaccompanied minors are Vietnamese or Chinese-Vietnamese, although there is a growing number of Laotian youths awaiting admission to the U.S.

- The youth tend to be older, very few under the age of 15, and virtually none under 12. In fact, many of the youths who are listed as 16 or 17 are actually older due to inaccuracies in legal documents, accidental or otherwise.

- Few of the youth are orphans. For this reason, and because of various cultural factors, current U.N. and U.S. policy is to not place unaccompanied minors for adoption except under extreme circumstances (Citizens' Committee for the Children of New York, Inc., 1980).

While it is difficult to determine exact numbers, in April, 1981, there were over 2,000 unaccompanied minors in the Southeast Asian camps seeking resettlement in the U.S. and other countries. This does not include 100 Khmer youths who had been tentatively accepted at that time (Branden). It appears, then, that the need for resettlement alternatives for unaccompanied minors will continue into the foreseeable future and could, in fact, increase dramatically as changes in the political climate occur.

## Characteristics of Unaccompanied Minors

Although unaccompanied minors comprise only 1% of Indochinese refugees, a number of characteristics of this group and their resettlement warrant special attention and concern. These result primarily from the issues of custody and guardianship that derive from the minors' dependence.

Unaccompanied minors are in need of special support services -- including a place of residence -- because they are officially seen as unable to care for themselves. As a result, some agency or individual must receive custody and guardianship from the local juvenile or family court. Unfortunately, this procedure and the entire concept of custody and guardianship are culturally unfamiliar to unaccompanied minors. The youth may therefore be uncertain of the obligations of the agency and caretaker (such as a foster family) while misunderstanding their own rights and responsibilities. The fact that they are legally obligated to the resettlement agency or some other group differentiates them from other refugees. For example, these young people cannot freely move to another state without the agency's permission, while secondary migration among other groups of refugees is not legally discouraged. The youth are understandably confused when they learn that they are in a "free country" yet cannot make certain key decisions about their own lives.

Because of the legally established dependence of the unaccompanied minor, there is less pressure on him* than on other refugees to become self-sufficient. He is guaranteed care until his 18th birthday, and many states permit continued support beyond that time under certain circumstances such as continued school attendance.

A serious disadvantage of unaccompanied minors is the lack of support from the most important source: their own families. This is seen by many practitioners as necessitating additional social service support, including one author who found unaccompanied minors to experience greater emotional problems than any other group of refugees (Curlin, 1979).

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*Because most unaccompanied minors are boys, male pronouns will be used in this paper. They also include female unaccompanied minors unless noted otherwise

Unaccompanied minors, then, generally receive more extensive support and service than other refugees but in exchange have less freedom and lack the direct familial support so crucial to Indochinese refugees.

Types of Care

1. Foster Care. The majority of unaccompanied minors in the United States are placed in foster homes. For the purposes of this paper, a foster home is defined as a private family that cares for a youth (usually not a relative) in their own home throuth the authority of a licensed child-care agency with legal custody of the youth. Unlike an adoptive family, the foster family has temporary custody only and no legal relationship with the youth.

There are a number of advantages to foster care that have made it the placement approach of choice for most agencies resettling unaccompanied minors.

The foster home is of great value as a vehicle to enable the refugee youth to become familiar with day-to-day life in this country. Unaccompanied minors may adjust more quickly because of the many hours spent each day with the foster family. This extensive contact with Americans accelerates the speed in which the refugee becomes familiar with U.S. customs, learns English, becomes more comfortable with Americans, etc.*

Because most foster families of refugees are economically in the uper-middle class, they are able to provide material benefits unavailable to most newly-arrived refugees. For example, many unaccompanied minors go on extensive vacations with their foster families that would be financially out of the question if they were supporting themselves. This provides additional experiences to familiarize them with a broader range of American life.

From the program's point of view, a great advantage of foster care is that it is relatively inexpensive. The maintainance fee paid to the family is typically much lower than the cost of supporting the youth in other forms of care, so using foster homes is particularly attractive in these days of shrinking financial resources for social services.

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*In spite of recruiting efforts, very few Indochinese families have applied to be foster parents. This is generally seen as reflecting their lack of familiarity with the concept of foster care as well as the fact that most refugee families are not yet sufficiently settled themselves to devote the resources, time, or energy required by a foster youth. Interestingly, many unaccompanied minors express a preference for an American family so they will learn English more quickly (Citizens' Committee for the Children of New York, Inc., 1981).

The disadvantages of foster care closely derive from its advantages. The rapid adjustment provided (in fact, forced) by foster care may be too intense for some youth. Others may be too mature or independent -- particularly after an extended stay in a refugee camp -- to fit into the "normal" family life provided by foster care.

A problem for any Indochinese refugee in a foster home is that the very concept of foster care is literally foreign to him, often creating considerable distrust and suspicion. This factor must be dealt with in casework intervention with the youth and the family; in some situations, it may prevent the youth from ever adjusting to the foster family, necessitating a change to some other form of placement.

Contact with others of the same ethnic background is, of course, an extremely important support to any refugee. It is particularly important to the foster youth living with an American family. If the agency and family do not facilitate and encourage such contact, or if the youth is isolated, adjustment to life in this country will be much more difficult emotionally.

A final disadvantage is that foster care is no better or worse than the quality of the family providing the care. Sensitive, skilled foster families are the greatest available resource to such programs; however, such families may be hard to find. The difficulty in recruiting, selecting and training foster families imposes practical limitations on the size of the program. In addition, workers may sometimes be forced to place a specific youth without having an appropriate family available, a situation that not only jeopardizes the well-being of the youth but can also be very stressful to the worker and program in terms of increased frustration and subsequent burn-out.

## 2. Group Care

A second approach to resettling unaccompanied minors is group care. For the purpose of this paper, a group home is defined as a residence for up to 12 unaccompanied minors who attend school, have contacts outside of the residence, and sometimes work. In addition to the regular professional staff, at least one worker lives in the home and acts as "house parent".

Perhaps the greatest attraction of this approach is the ethnic support the youths receive from each other. They are able to speak their own language, "compare notes" on similar experiences in a new country, share memories, help each other through particularly stressful periods, etc. Many aspects of life, such as recreation, social activities and meals, can be recreated with some similarity to life in their native countries.

While group care is somewhat "artificial" compared to foster homes -- most people in most countries live with families, not groups -- group homes can provide many "normal" experiences. The youth attends school, can work, enjoy varying amounts of free time, and in other ways have lives comparable to others their age.

If well-designed, a group home can provide excellent preparation for independent living. The youth can be given the responsibility for cooking their own meals, budgeting, sharing household tasks, etc., all of which help prepare them for accepting similar responsibilities when they are independent.

While the "we-ness" provided by the group home is a major strength, it can become a liability. As improtant as the group is, if the youth interact solely with each other rather than developing relationships outside the home it can become counter-productive. An important aspect of adjustment, of course, is learning how to get along with Americans, so it is essential that the group home structure not only permit but encourage this contact with "outsiders".

An extreme form of this problem is the development of an "us-against-the world" feeling in the group home in which anyone outside the resident group is perceived to be an enemy. This interferes with later adaptation to a life in which the resident interacts more directly with a broad range of people.

On the other hand, if members of different ethnic groups are placed in the same home, inter-racial and inter-ethnic conflicts can turn the home into a battleground. Close group work services and supervision are required to resolve problems from developing from the prejudices some refugees may feel towards other ethnic groups.

A difficult programatic issue in group care is the amount of supervision to provide. The range covers everything from the boarding home in which the youth are totally without supervision to a strictly structured facility in which, for example, the residents cannot go outside without permission (Citizens' Committee for the Children of New York, Inc., 1980). The appropriate level of supervision may vary with each youth, forcing program developers to find a happy medium which may be inadequate for some of the residents.

### 3. Institutions

An institution can be viewed as an extended form of group home. Again, a group of unaccompanied minors live together in one facility. Generally, however, the number of youth is higher, as many as 37 in one facility (Childrens' Committee for the Children of New York, Inc., 1980). A more important distinction, however, is the "total institution" that has considerable influence over the resident's life (Goffmann, 1961). The unaccompanied minor is almost always on-campus, the living area, school cafeteria, and other facilities located within the confines of the institution. The main distinction between an institution and a group home, therefore, is whether all basic needs are met within the facility or if its primary purpose is as a place of residence with school, recreation and other activities taking place elsewhere.

From a programatic point of view, a major advantage of using institutions is that large numbers of incoming unaccompanied minors can be cared for more readily than in the other models. Attempting to place 37 youth in foster care at one time, for example, would be virtually impossible. This, and the existence of unused facilities in some areas, has attracted some programs to the use of institutions.

Another advantage of the institution is the fact that all services are provided through the institution and can therefore be tailored to the youth's culture. For example, the education program is presumably designed for unaccompanied minors, so it can more closely address special needs than if the youth were in a regular school system. Meals, also, can be designed to be more palatable to Southeast Asian tastes than typical American foods. Of course, institutions share the group homes characteristic of providing emotional support from other residents from a similar background.

Institutions can provide more intensive services because the constant contact with residents enables the staff to design all activities to address specific needs and requirements. As a result, the institutions may be the preferred model of care for some youth with unusually serious emotional problems or other handicaps.

Finally, the accessibility of youth in the institution enable the staff to have much more contact with them, hopefully improving the professional relationships and quality of service provided.

During recent years, institutions have received considerable criticism (Skidmore, 1978). Perhaps because of abuses that have taken place in often under-funded and poorly staffed facilities, there has been a move away from such institutions toward other types of placement. While such criticism sometimes fails to differentiate between good and bad facilities, there are some problems inherent in placing youth in institutions.

Any facility that provides for all a youth's needs and physical custody of him for 24 hours a day becomes a sheltered world. It cannot fully recreate the "outside world", but at best only approximates life as most people live it. At worst, the institution can grossly distort life, such as one facility which has been criticized for avoiding contact between unaccompanied minors and youth of other minority groups (Citizens' Committee for the Children of New York, 1980). Do youth benefit from such protection or should they experience the conflicts and problems they will face?

Because institutions care for their residents so totally, the youth may not learn to care for themselves. A successful institution must therefore design into its structure mechanisms to prepare its residents to live independently. This can be difficult for even the best of planners.

The quality of an institution depends primarily on the quality of its staff, much more so than the other forms of placement. Because the staff are virtually the only contact the youth have, they have considerable influence on the youth's day-to-day life. Workers routinely make basic personal decisions for the youth such as when to eat, what time to get up and recreational activities. While this increases the possible influence of skilled staff members, it also increases the possible harm that can be caused by inadequately trained staff.

Finally, institutions are extremely expensive and may simply be beyond the financial reach of many agencies.

For these reasons and others, there has been a movement away from this form of care for unaccompanied minors. There is concern, however, that planners may fail to recognize the appropriateness of institutions for some youth and some locations, thus "throwing the baby out with the bath water".

Regardless of the mode of placement used by a given program, there are many emotional factors that must be dealt with in casework intervention with unaccompanied minors. While no systematic study has taken place, it is believed that a number of clinical factors result from the past and present stress of unaccompanied minors. Not all will be experienced by every minor and considerable range exists in the intensity of symptoms.

The following section will discuss these clinical concerns. Additional consideration is given to the problems of youth in foster homes because they are far more numerous than those in other placements.

## Clinical Concerns

A basic concern in the resettlement of all refugees is the need to strike a balance between the security of the familiar and the need to adapt to survive in a new country. The extremes are sometimes found in unaccompanied minors, ranging from the youth who refuses contact with ethnic peers because "I want to be an American" to another who resists learning English because her only wish is to return to her native land.

Refugees must have the emotional support that can only be given by their countrymen. At the very least, they need an opportunity to share experiences with those people with whom they can communicate in their own language. Without this support, the refugee's chance for health emotional adjustment is slim.

On the other hand, the refugee must adapt to life in a new country. There is certainly no need for him to become "just like an American", and few resettlement workers would hope that he does. He must, however, learn English, gain some familiarity with Americans customs, develop marketable skills, etc., if he is going to fare reasonably well in the U.S.

It is essential that the worker provide opportunities for the refugee in both areas: contact with refugees and other opportunities to develop emotional supports; and the necessary training and orientation to comfortably exist in American society.

While unaccompanied minors share many of the mental health problems common to all refugees, these problems have been well-documented elsewhere and will not be repeated here (Center for Applied Linquistics, 1981). However, other problems are more commonly experienced by unaccompanied minors and must be dealt with by program workers, foster parents and others.

Guilt is a serious problem for many unaccompanied minors. One source of guilt is "survivor's syndrome", particularly in the unaccompanied minor who agonizes over his parents not having enough food while he is living in (by his standards) a mansion. Painfully aware that the rest of his family may be suffering or even dead, the youth may feel undeserving of the help he is receiving in the United States.

A second common source of guilt feelings is the "failed mission". Many unaccompanied minors are sent to this country with the primary purpose of arranging for their families to come (Citizens Committee for the Children of New York, 1981). Once the "anchor child" arrives, he quickly learns that this is a very difficult, and sometimes impossible, process. He thus feels he has failed his family, failed the orders of his parents. This sense of having been a bad son or bad daughter is exacerbated by the closeness of Indochinese families and the obligation of children to care for their parents.

Depression, almost always peaking approximately three months after the youth's arrival, is virtually universal among unaccompanied minors. The initial relief of leaving the camp wears off, as has the excitement of starting life in a new country. The realization that one will not see friends or family for a very long time, if ever, causes the youth to sink into a serious depression. This depression often resembles an emotional crisis in the traditional sense of the term (Smith, 1975).

Because of the range of programs and policies that serve unaccompanied minors, the youth are often confused about what will happen when they arrive in the United States. A youth in a foster home may be surprised that he is not living in a group home and vice versa. He may also be confused by the laws that affect him and the roles of workers, foster parents and others in his life, none of whom are sponsors in the usual sense of the term. For this reason, unaccompanied minors need considerable orientation regarding their rights, what will happen to them, placement plans, etc.

Because most unaccompanied minors experience a long-term relationship with a foster family, many problems can develop that are not found in the more temporary relationship between adult refugees and sponsors. One problem that can develop even before the youth is placed reflects his uncertainty regarding the family's reason for taking him in:

"I'm the boss" -- Some youth, aware that the family receives financial support for their care, view the family as having been hired by the agency as caretakers. In such cases, some conclude that they may give orders to the family and otherwise do as they wish, a conclusion not well-received by the foster parents.

"I'm a charity case" -- If the youth feels he has been fostered out of compassion, he may resent being the recipient of charity, wanting instead to demonstrate his ability to take care of himself.

"I'm a slave" -- Many youths fear that they will be placed with a family who will put them to work, making domestic servants or even slaves of them. Hopefully, such families are detected in the screening process, but this fear may cause resentment and overreaction to the family's reasonable requests for help around the house.

Once the youth has settled into the family, he faces still another emotional dilemma: can he accept the foster family without rejecting his own? Some unaccompanied minors come to truly love their foster families, yet are tormented by the feeling that this offends their natural parents and may even constitute a rejection of their ethnic heritage. The resulting ambivalence can be overwhelming.

Some youth, on the other hand, may over-identify with their foster families, fitting in too readily. This may be based on a fear that if he does not appear to become part of the family, the foster parents will feel unappreciated.

Once the youth has been in this country for several months or years and is adjusting well, a serious identity problem may develop: "Am I an American or am I a refugee?" In truth, he may be neither or both, but this conflict is particularly severe in adolescence, a time of life already characterized by identity problems (Erikson, 1969).

Discipline is a common problem, largely because of the youth's possible rejection of the foster parents' authority over him. Even after he has accepted this authority, however grudgingly, the parents are still in a difficult position: if they treat the youth the same as their own children, the unaccompanied minor may feel that his freedom is curtailed (such as the youth who complained, "I came to America to be free and now I'm with a family that tells me what time to eat dinner.") Conversely, if the youth is treated differently from the family's own children he may feel he is an outsider and being discriminated against.

A programatic problem is whether to present the foster home or other placement as permanent. Many foster parents, for example, have expressed the conviction that if the youth feels he has no choice but to stay in the home he will try harder to resolve problems. On the other hand, every youth has a right to be removed from a placement that is inappropriate for him. Therefore, should the worker present the placement as being the only option so that the youth's motivation is increased? Or should the youth be further encouraged to talk about any problems in the placement by knowing that he will be removed if necessary?

Finally, there is the on-going issue of preparing the youth for independent living, particularly considering the inherent illogic in placing a youth in a dependency-producing environment so that he can become independent. The goal of foster, group or institutional care is to assist the youth so that he no longer needs the care, but this goal is often forgotten in the grueling work of facilitating adjustment to the placement. As a result, youth may be kept in care even to the point that it is counter-productive and they become less prepared to take care of themselves.

These are the basic problems encountered by unaccompanied minors and the programs and workers that serve them. The next section is a sample service plan demonstrating how some of these problems can be addressed.

## Service Plan

The placement approach used by any given agency will be developed according to a number of factors: program size, agency resources, state laws, individual needs of the youth and the personalities and professional styles of the workers. The plan in the following pages is therefore a generalized guide that incorporates many aspects of different programs throughout the country. Once again, a foster home approach is emphasized because it is the most common placement for unaccompanied minors.

## Orientation

When the youth arrives at the airport, he has completed a long, exhausting trip; this is not a good time for extensive casework intervention. There are, however, some important topics that should be mentioned during this first contact with the youth.

- Does the youth have any immediate physical needs, such as hunger, illness, need to go to the bathroom, etc.

- Does he have relatives in the U.S? Does he wish to apply to bring relatives in the camps or in Southeast Asia to this country? (Actually, this is an obvious question that ordinarily could wait. Asking it at this time, however, reassures the youth that the worker is aware of familial ties and is supportive of them.)

- The youth should be given a basic explanation and an opportunity to ask questions regarding the immediate placement plan. This explanation should include where he will stay that night as well as more permanent plans, such as whether he will be placed with a foster family, group home, institution, etc. While the discussion should not be extensive, it is important to clear up any misconceptions the youth may have.

- Finally, this is a good time to reassure the youth that he is now safe and will be well taken care of.

This process should be rather quick unless the youth asks questions or in other ways indicates a desire to discuss matters more extensively. More often, he will simply want some time for physical and emotional rest.

In some programs, the youth is immediately placed into the foster family. Surprisingly, this has been found to be as successful as using a temporary facility, "success" being defined as the youth's remaining in the foster home until ready for independent living (Citizens Committee for the Children of New York, Inc., 1981). Most programs, however, have successfullly used an "orientation center" approach in which the youth spend their first few days in an agency-operated facility with other unaccompanied minors who arrived at approximately the same time. Such an approach can be used effectively to prepare for the placement of the unaccompanied minor.

A helpful first step under any circumstances is to help the youth send a telegraph to his parents informing them that he has arrived and is safe. This action, which has been effectively used by programs in New York State, not only reassures the parents but also relieves the unaccompanied minor, once again reflecting the worker's awareness of and interest in the youth's natural family.

Similarly, the worker may write a letter to the parents (translated into their own language, of course) assuring them that the youth will be taken care of. This approach has been used by Lutharan Social Services in Seattle. An important benefit is that the natural family sometimes directs the youth to respect the authority of the worker and foster family, vastly increasing their authority in the youth's eyes. It is believed that automatically writing to all families could significantly impact the adaptation of the youth in a program.

Perhaps the most important function of the orientation center is the opportunity it provides the worker and the youth to develop a relationship. As the worker gets to know the youth, he will be able to make a more informed decision regarding what kind of foster family should be used. It also enables them to work closely together in establishing plans and goals for the youth's future.

One effective way of developing the relationship is for the worker to introduce the youth to the community: take him sightseeing, drive around the area, etc. It can be an enjoyable, exciting experience for both the youth and worker, a positive beginning of an important relationship.

When possible, the youth should receive thorough medical and dental check-ups while still in the orientation center.

Finally, general community orientation can continue in this center, helping the youth learn more about living with a foster family, American schools, American customs, etc.

When the unaccompanied minor is about to leave the orientation center for placement with a foster family, special arrangements should be made. Ironically, if the orientation center has been successful in helping the unaccompanied minors feel comfortable in their new environment, the youth may not want to leave. (One group in such a center told the worker that "we've decided we don't want to go live with American families; we want to stay here and live with you".) It is therefore essential that the youth recognize the temporary nature of the facility from the beginning. It is also necessary for the worker to be careful to not keep the youth in the orientation center too long; one to three weeks is typical of programs around the country. (Citizens' Committee for the Children of New York, Inc., 1981).

The youth's entry into the foster family typically creates anxiety. He may be excited about the new opportunity, yet also recognizes that this is a big step in his life. The family similarly may feel nervous at first. It can therefore be helpful to arrange a "trial visit", an outing for a few hours involving the foster family and youth in which they might show the youth their home, go to dinner, drive around town -- any casual activity that helps everyone feel more comfortable. The family returns the youth to the orientation center rather than taking him home. This gives the youth the opportunity to think about the family, discuss his feelings with the worker and, probably most important, "compare notes" with the other youth in the home. It gives him an option: any concerns or reservations he feels about the family can be discussed, perhaps preventing an inappropriate placement.

In this worker's experience, the youth have always agreed rather quickly to placement with the family after the "trial visit". In some cases, in fact, the youth has marched back into the orientation center, packed up his belongings and gone home with the family, assuring workers and friends that it's a great family and there is no reason to postpone the move. It is believed, then, that the "trial visit" approach to placement can be an effective beginning to the long and sometimes difficult process of helping the youth and family adjust to each other.

## Ongoing Services

While to some extent creating an artificial separation, this paper will examine casework efforts with the youth and with the family as separate approaches because of the key differences between them.

When the youth is first placed with the foster family, extensive contact with the worker and/or interpreter is essential to prevent minor misunderstandings based on cultural or personal factors from becoming major problems that jeopardize the placement. The worker has been the youth's primary personal support in his first week or so in the United States, and the youth often needs to be reassured by the worker's presence that the relationship has not ended.

Throughout the placement one of the worker's main functions is to provide emotional support and reassurance to the youth. The educational aspects of resettlement are mostly assumed by the foster family, school, peer group and others, so the worker may move into a more traditional casework approach of discussing problems, feelings, reflective listening, etc. Practical interventions -- working with the school, finding information for the youth, obtaining dictionaries or other publications, for example -- are always important and requests for such assistance should be responded to when possible if only as a demonstration of the worker's concern. Still, the casework approach is often similar to that which would be applied with American adolescents, particularly in terms of using a "here-and-now" approach and avoiding the overuse of jargon or psychological constructs. For example, many refugee youth do not understand the concept of discussing painful experiences for the purposes of catharsis, nor are others comfortable with the family-therapy approach of confronting family members. Generally, however, once the foster youth has become comfortable with the worker and adequate trust has been established, the worker can use his traditional training and experience to its fullest advantage.

As always, the worker can perform a valuable function by being someone the refugee can vent emotions with. His reaction to such venting, particularly if anger is directly expressed to the worker, is very important, for it demonstrates the worker's ability to accept the emotional expression without taking it personally, or becoming angry himself. This can help the refugee become more comfortable in a country where emotions such as anger are more openly expressed.

In fact, much of the worker's role is based on modeling. For this reason, it can be helpful -- although certainly not essential -- for the worker to be of the same sex as the youth. The unaccompanied minor is not only experiencing the usual identity conflicts of adolescence; he feels additional uncertainty about becoming an adult in another country. For this reason, the worker and same-sex foster parent can be role models of an American man or woman.

While many of the casework concerns will vary from youth to youth, the "three-month depression" described above warrants special discussion.

Most materials on mental health services to refugees recommend an approach essentially similar to the traditional crisis intervention model (Tran, 1980). This is generally seen as appropriate for unaccompanied minors, particularly in terms of emotional support, practical planning and assistance, and anticipatory guidance (Anguilar, 1970). However, there has not been adequate study regarding whether traditional psychotherapeutic approaches can or should be used with refugees, including unaccompanied minors, and if so how these approaches should be modified.

One particular casework approach can be used towards the end of the critical period of depression. While both worker and foster parents should have been providing extensive emotional support and reassurance to the youth, the roles are now adjusted. The foster parents continue to be very supportive, responding to and recognizing the youth's pain. The worker should continue to do so, but to a lesser extent. Instead, he becomes more confrontive, gently pushing the youth to start fighting the depression. If guaged correctly, the confrontations can encourage the youth to become more actively involved in school and other activities that can in and of themselves be helpful in overcoming the depression. The worker must, of course, be very careful in his confrontations, for any intervention perceived by the youth as insensitive or harsh could deepen the depression and jeopardize the relationship. If the worker can instead be at once supportive and encourage (perhaps "push" is a better word) the youth, the unaccompanied minor may well emerge from the depresseion a stronger person than when he entered it. Casework efforts then focus on day-to-day and general adjustment issues, the emotional support continuing at a lower level because it is not so deperately needed.

Work with the foster family begins with orientation to both cultural aspects of the youth and to foster care in general. There is no reason, for example, that foster parents of Indochinese youth cannot be trained with foster parents of American youth because many aspects of the experiences are similar. In fact, the most effective foster parent training may be a seminar approach in which more experienced parents discuss various issues in a group that includes prospective foster parents. Such an approach can also be an effective way for the worker to obtain a different perspective of the concerns of the foster families and feedback regarding his own efforts.

A problem in training foster parents -- and sponsors as well -- is the difficulty in presenting necessary information without stereotyping. Refugees from a given country, of course, share many cultural traits, yet they also differ greatly from one another in the personalities, likes, attitudes, values, etc. In training, then, it is difficult to present necessary information while still encouraging the openness and flexibility needed to respond to the vast range of individual needs of the unaccompanied minors.

The second aspect of foster parent training is individual and takes place on an "as needed" basis, the worker and/or bilingual worker helping explain cultural differences to the family as they become issues. For example, one family had interpreted the youth's insistence on washing his own clothes as a rejection of their help. The worker discussed with them the personal nature of doing one's laundry as the unaccompanied minor perceived it, easing their concerns. This is another reason for close contact when the youth is first placed in the family.

Ongoing training can be effectively approached in the seminar format described above, more experienced families sharing experiences with each other as well as training the newer families (Hampson, 1980). In fact, particularly effective foster parents can even be asked to make formal presentations, not only sharing their expertise but also reflecting the worker's respect for them.

It is crucial for the natural children in the family to be involved in the training and casework efforts. Sometimes forgotten, the children are obviously an important influence on the foster youth and it is not unusual for a placement to break down because of their rejection of the unaccompanied minor. Having many feelings of their own about the arrival of the foster youth, sometimes including feelings of neglect and having been displaced, the siblings often need casework support from the worker as much as the parents do.

Ongoing work with the foster family is virtually indentical to work with traditional foster families and a wide range of literature is available on that topic (Fanschel, 1980). Depending on the needs of the family, the casework approach should ordinarily include:

- Providing the family an opportunity to ventilate feelings, particularly regarding the stresses they experience. Foster care, particularly with unaccompanied minors, is hard work and the parents may need to complain about it to someone who will understand their difficulties.

- The relationship between worker and foster parent is unique, for it is not strictly a worker-client relationship; yet in other respects, it is unlike co-worker or supervisor-worker relationships. In many situations, however, it may be more appropriate to treat the family as co-workers (particularly in terms of "case planning") than as clients.

- The family may need help to keep things in perspective. It is sometimes necessary, for example, to help them remember that they cannot completely compensate for all the pain the unaccompanied minor has suffered, as much as they would like that to be possible (and as much as the worker may share the same feelings).

- Finally, the family needs emotional support, too.

To this author's knowledge, a conjoint family therapy approach to foster care with unaccompanied minors has not been formally studied or documented. It is, however, certainly one that warrants consideration depending on the particular skills of the worker, the closeness of the youth and family and other factors.

## Independent Living

If the foster placement has been particularly successful, the time will come to start planning the end of the placement.

Preparing a foster youth for independent living is a complex process that cannot be fully covered in this paper. The key questions, however, are when it should occur and how to prepare the youth for independent living.

In many cases, the youth will request independent status to live with a relative, most often in another state. In such cases, the worker and youth must make the following decisions:

- Should the youth be emancipated from the agency's custody so he can freely move to the other state as soon as possible? Or should he go through Interstate Compact proceedings, the legally preferred route, which takes several months but guarantees the provision of services in the receiving state?

•Should the worker arrange a "home study" of the relative -- including a determination of whether he really is a relative? If so, how does the worker balance the youth's emotional need to be with a relative with professional perspectives of minimal standards for relative foster placement?

•Does the youth have the option of returning to foster care if the placement is not successful? Will the family permit him to return or will he have to be placed with another?

It is important to take such requests very seriously and investigate the situation as thoroughly as possible. This worker's perspective is that the youth should be sent to the relative unless there are problems so serious that it simply cannot be justified. Interestingly, many such requests are withdrawn as the youth becomes more comfortable in the foster home and decides he will be happier there than with the relatives. In other cases, once the relative is comfortable that the youth is taken care of, he will encourage the unaccompanied minor to remain in the foster home.

The more common route to independent living is for the youth to reach legal age and sufficient maturity to leave the foster home. The preparation is an important process that should begin literally the day the unaccompanied minor arrives and is given his initial orientation at the airport: "You will live with a foster family until you are ready to take care of yourself." Particularly with older youth, it is important to acknowledge the relatively temporary nature of the care.

The move into independent living should be a gradual process, academic and vocational activities remaining as consistent as possible with those in the foster home. Emotional support -- including the family and worker -- should remain intact as much as possible, and, if state law permits, service support and sometimes financial support may be continued to help the youth make the transition. Clearly, the worker must work very closely with the youth to plan for this move, particular emphasis being placed on making sure that the youth knows the ramnifications of his move into independent living. For example, some unaccompanied minors may assume that they will receive financial support from the agency. Efforts must be made to ensure that the youth has a clear understanding of agency procedures and state laws that affect him.

The emancipation of the youth should be planned and discussed well in advance. In fact, this can be a way to motive a youth who is seen as becoming so dependent on the foster family that he is resisting efforts to help him become more independent financially and emotionally. For example, the worker can state that "in four months you will be released from this agency's custody and you will have to take care of yourself. What do we do now to make sure that you will be ready to do that?"

Hopefully, after the youth is emancipated, close informal relationships will continue with the worker and foster family. At times, in fact, the worker-client relationship can develop into a peer relationship that is satisfying and rewarding to both individuals, while the relationship with the foster family can reflect the youth's increased maturity and responsibility.

## Unresolved Issues

While unaccompanied minor programs are generally viewed as having been very successful, there are a number of issues and problems that have yet to be resolved. Many result from the inherent difficulties of cross-cultural foster care and may never be solved. Others, however, may improve with cooperative efforts among program workers and public officials at all levels.

### 1. Program Issues

Casework concerns aside, there are a number of concerns regarding the administration of programs as well as national policy issues:

(a) An inherent difficulty in refugee resettlement is adequately preparing for new arrivals when it is virtually impossible to predict when the refugees will arrive, how many there will be, etc. This is certainly true of unaccompanied minor programs, particularly when potential foster families drop out of a program because they become impatient with the long wait. While this situation is unlikely to change, it would be helpful if local programs could receive as much information as possible regarding specific arrivals.

(b) Similarly, there is little communication between various agencies regarding predictions of how many unaccompanied minors will need resettlement in this country. Greater communication among such officials would increase the awareness of program workers on both a national and local level, enabling better planning and increasing their effectiveness.

(c) Because national resettlement efforts often take place on a "crisis-by-crisis" basis, there may be insufficient monitoring by state and federal agencies in some areas. It is believed that increased monitoring could be helpful to the local programs in terms of providing feedback and making them aware of current policies. It is not believed that monitoring should emphasize "checking up" on the programs but rather should extend the officials' expertise to workers in local programs.

(d) At the time of this writing, unaccompanied minor programs are fully funded by the Department of Health and Human Services (Indochinese Refugee Action Program, 1980). Some program workers are concerned, however, that the reliability of this funding may diminish as budgets become tighter and priorities shift. It is essential that program and state officials remain as aware as possible of the reliability of funding and any changes they may expect.

(e) While there have been many informal analyses of the strengths and weaknesses of various types of care for refugees (such as the discussion in this paper), there have been no empirical studies to determine the appropriateness of the various approaches for certain unaccompanied minors. Such a study could be helpful to program designs as well as providing clinical guidelines for workers who have the option of shifting a youth to a different facility.

(f) Staffing an unaccompanied minor program can be difficult. Should the agency hire someone with experience in refugee resettlement or even shift a traditional resettlement worker into the program? Or is it more appropriate to hire an experienced social worker with experience in foster care and then provide training in refugee issues?

(g) Refugee resettlement is very demanding work: foster care is equally demanding. When the stresses of each are combined, the risk of "burn-out" is increased dramatically. It is essential that the agency provide adequate support to the workers and design programs to help them maintain full effectiveness and avoid rapid staff turnover.

(h) In foster care programs, the selection of families is crucial to the success of the program. Such selection can be problematic, however. Should the same standards used for evaluating families for American foster youth be applied or should special allowances be made? Are there additional qualifications that should be sought? Can the worker evaluate a refugee family willing to foster an unaccompanied minor by the same standards, even though such families are rare and may be desperately needed? How strict are state foster care regulations, and can (or should) the worker seek exceptions to state standards in some cases?

### 2. Orientation

The orientation of the unaccompanied minor, program workers, foster families and/or group home or institution staff is an important component of the refugee's resettlement in this country. Hopefully, successful orientation can prevent serious problems that might otherwise develop. Orientation issues include:

(a) Many unaccompanied minors come to the United States with fears and misunderstanding about what will happen to them. An orientation material provided in the camps explaining basic concepts such as custody and guardianship and care of dependent minors as well as listing the possible modes of care they may receive could help alleviate these concerns. At the very least, such a material could address the gross misconceptions unaccompanied minors sometimes have upon arrival, misconceptions that range from an expectation of slavery to a demand that the youth be given a car as soon as he arrives.

(b) In orienting the youth to life in this country, how much of the negative side of American life should be discussed? Should he be made aware of all the problems he may face, or is it better to let him discover them personally at his own rate?

(c) When options exist, in what circumstances is it preferable to "mainstream" a youth in school (put him in regular classes rather than specialized programs)? Which youth will be better served by special programs designed for refugees?

(d) Foster parent training presents difficult philosophical and procedural questions. What do the foster parents need to know before they accept an unaccompanied minor into their home? Value judgements are made by program workers in determining whether to present (for example) specific cultural factors such as eating habits or broader areas, such as parent-child relationships, that deeply affect the youth's adjustment. How are such value judgements made?

(e) Orienting foster parents is complicated by the need to find a balance between descirbing a culture and stereotyping the people from that culture. Not all Vietnamese or Laotians are alike by any stretch of the imagination, but it can be difficult to describe and discuss cultural implications without seemingly implying that there is no diversity within that culture.

### 3. Casework Concerns

Much of the difficulty workers face in providing ongoing services to unaccompanied minors is exacerbated by the lack of information available to them from other workers in similar programs. Some excellent services are being provided around the country, but there is inadequate sharing of ideas. Most workers are simply too busy doing the work to sit down and write about what they are doing. As a result, some of the problems and questions discussed here have been effectively resolved by some programs while other workers continue to struggle with them.

(a) In foster care the key to success is placing the right youth with the right family. How does the worker make such a judgement, trying to match the personality of the unaccompanied minor with the foster family, particularly when he has usually only known the youth a few days?

(b) Can conjoint family therapy techniques be used in foster families with unaccompanied minors? If so, what adjustments should be made and when should such an approach be used or avoided?

(c) Group work has been an effective technique used by some programs such as the Indochinese Cultural and Service Center in Portland. Is this approach appropriate for all unaccompanied minors? Is there a period in their resettlement when it is more or less helpful than others? How should such groups be designed?

(d) The phenomenon of three-month depression has been described above. What are the most effective intervention techniques? How can the worker or foster family monitor suicide risk? Are there cases in which the youth should be evaluated to determine the need for antidepressant medication?

(e) Many unaccompanied minors 'disappear' after they have been emancipated, often moving to a different state. This has been of great concern to some refugee groups who have attempted to contact unaccompanied minors who arrived in 1975 only to find that program officials have lost track of the youth. In addition, the lack of follow-up makes it more difficult for programs to evaluate their effectiveness or provide informal follow-up service.

(f) What can program workers and families do to help unaccompanied minors preserve their ethnic heritage? Are there any social organizations, such as mutual assistance associations, for example, that could assist in this area?

### 4. Independent Living

This worker believes that preparing minors for independent living is the most serious problem currently faced by unaccompanied minor programs.

(a) Some programs have yet to develop a procedure or policy regarding the emancipation of unaccompanied minors. Sometimes the issue is even disregarded, which is certainly understandable when a youth has finally adjusted to foster care and nobody wants to rock the boat before it is absolutely necessary. As a result, however, some youth may remain in the agency's care longer than they need to, not only using funds that could be devoted to those still in the camps, but also at times becoming detrimental to the foster youth by increasing dependence.

(b) At times, youth request independent living status for various reasons. This requires a very difficult casework decision by the program worker because there are few guidelines available -- formal or otherwise -- to determine when a youth is ready for such a transition.

(c) Helping a youth into independent living can be very different from monitoring foster, group home or institutional placement. Again, workers need program support and assistance in determing the best approach, for complex clinical, legal and ethical questions are raised.

(d) Laws vary considerably from state to state regarding placing a youth into independent living, providing financial support, continuing care past the age of majority, etc. While this won't change, workers must be thoroughly familiar with the state laws affecting their programs and the legal options they have.

### 5. Family Reunification

The worker's main goal is usually to help the youth adjust to this country and the family or facility housing him. The unaccompanied minor's goal is more often family reunification. Some workers, recognizing that for many youth reunification simply is not possible in the foreseeable future, may disregard reunification efforts. This disparity in goals can dilute the worker's effectiveness with the youth, who sees the worker as indifferent in an area so vital. It is therefore very important for the worker to respond to requests for forms and any other efforts involving reunification. At the very least, it can be reassuring to the youth to know that he and the worker have done everything possible.

## Conclusions

Substitute care for unaccompanied minors is a new, relatively uncharted area of service. The very nature of the youth and the programs designed to serve them present workers with responsibilities and dilemmas that would test the best and most experienced practitioners. In spite of these obstacles, such programs are seen by most national and local officials as having been very successful (Citizens' Committee for the Children of New York, 1981). The problems that are experienced should be expected because of the difficulties inherent in the work. Unaccompanied minor programs have attracted skilled, dedicated workers who are a credit to refugee resettlement. It is unfortunate that there is not more study following up on the adjustment and success of the youth who "graduate" from such programs to confirm such informal impressions as well as indicate areas in which improvement is needed.

Unaccompanied minors, lacking the support of their natural families, experience great stress in adjusting to life in this country and have therefore received services beyond those available to most other refugees. Are the services themselves responsible for the overall success of such programs? Or is it the youth's adaptability? How much of the success is due to the quality of program staff and foster families? All of these are probably important factors.

There remain, however, unresolved issues that decrease the programs' effectiveness, particularly the lack of communication among the programs and paucity of written materials regarding particularly effective casework approaches. It is hoped that greater communication and exchange of ideas can take place, an exchange that would not only improve the quality of care provided for unaccompanied minors but to resettlement agencies and traditional foster care programs as well.

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# CROSS CULTURAL SENSITIVITY TO HOUSING NEEDS OF THE INDOCHINESE REFUGEE

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Housing provides a place of socialization, is a source of self identity and a place of privacy and refuge. It is units in which people live, the markets that produce these units, the means by which people acquire a place to live, problems encountered in obtaining such a place and the effects of this place on the people that live in it. The ecological approach as delineated by Lindamood and Hanna (1979) can be applied to the housing of the Indochinese Refugee. It encompasses the Refugees resources and decisions as well as the many systems outside the Refugee family which interact to determine the housing in which the Refugee lives. Housing problems are rooted in the social, psychological and cultural orientation resulting from previous experiences.

The purpose of our discussion today is to develop increased sensitivity to the cross-cultural differences in relation to housing the Indochinese Refugee. Toward that end, three main questions will provide the framework. First, what is it that constitutes quality in housing and is this quality something that is culturally defined? Are there some general parameters, regardless of whether it's housing for Americans, Cambodians, Lao or whomever that can be used in assessing housing need? Secondly, what are some of the unique problems concerning the Refugee that lead to difficulties in housing? Finally, what are the constraints faced in dealing with housing from a cross-cultural point of view?

Focus with me for a moment on the question of quality in housing. Some of you recall the sixty four thousand dollar question, a T.V. program of years ago. Assume you are appearing onsuch a program and are asked to answer the question, "How do you define quality in housing? What makes for quality housing? How would you respond? Possible responses might include: that which meets the needs of the people living therein, adequate utilities and plumbing, comfortable, private, affordable, quality structural aspects as evidenced by lack of need for repairs or in a non-dilapidated state, etc. etc. The list could go on and on.

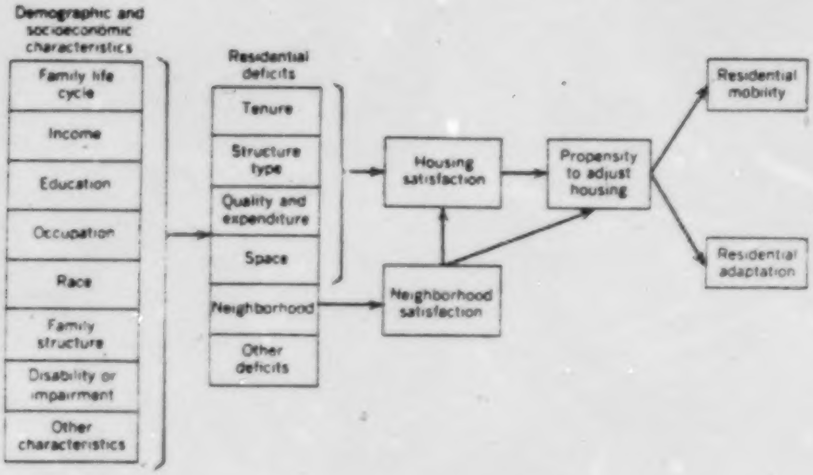
Most of the above list relate to the house per se'. If the question were expanded to include qualtiy in a neighborhood what factors could be added? Safety, convenience as in closeness to schools and stores and neighborhood temperature i.e.neighborhood friendliness are but just a few. Although these are in no way complete listings, they are adequate to evoke the question, when quality is assessed, is it evaluated in the same manner by someone from another culture? What are the similarities and the differences, and specifically with respect to the Indochinese Refugee? Are there common denominators which can be applied regardless of culture as essential qualities in housing. Liebman et. al. (1974) identified seven essential qualities of housing described as a priority for "social literacy" in the design of housing which cut across cultural boundaries.

## ESSENTIAL QUALITIES OF HOUSING

1. SENSE OF COMMUNITY
2. CHILD SUPERVISION
3. SECURITY
4. MAINTENANCE
5. LIVABILITY
6. RESPONSIVENESS TO CONTEXT
7. FLEXIBILITY

This list is proposed, not as an exclusive list, but as a basis for consideration. In relation to the above factors, think specifically in terms of the Refugee and his background. Were the various qualities a part of their previous housing? Likewise, are they reflected in current housing? Sense of community-Imagine for a moment that you are in a new community. In the immediate time frame is there any sense of community? In the time shortly after arrival--and in many instances months later--it is virtually impossible to achieve a sense of community. It is only over time that this can come about. Child supervision-If you have ever moved into a new neighborhood and have had an infant or older children you can perhaps recall the hesitancy with which you proceeded in finding a baby sitter. Enlarge this to a new country and you have somewhat the perspective of the Refugee. If a larger group of Refugees is present in the locality this particular need might be met more easily. With extended family and kinship ties common to the Indochinese this might not be of concern at all. The needs assessment project carried out in conjunction with the Families In Transition grant indicated concerns related to child care. This need is certainly affected by neighborhood,locality, family kinship, etc. however. Security-applies to both interior and exterior aspects of housing i.e. inside the household as well as the neighborhood. This factor is interrelated to feelings of being with "ones own kind". Refugeesfrequently find themselves as single families in a community thus lacking this security that comes from others of similar background. Maintenance-Differences in technology and housing structure present challenges related to housing maintenance. Examples illustrative of this are the concern expressed by the Refugee because of the continuous burning pilot light on the gas range or knowing whether the refrigerator is working properly. Although some Refugees possess a high level of construction skills, these skills differ from those required for maintenance of housing in the U.S. Livability-is widely variable within the cultural context. This factor relates to the question of space and how much is considered appropriate. In the American family with teen-age children, for example, it is considered essential that each teen-ager have a separate bedroom. Sharing a bedroom may take place across certain age variations if space is limited but norms do not allow sharing across sexual lines. In contrast, the Indochinese culture and other cultures as well, have one large sleeping room with mats to accommodate family members of all ages and sexes. Determining or defining livability is complex with respect to culture. Responsiveness to context refers to respect for scale, light and views and definition of public and private outdoor space. It reflects aspirations of users and integrates buildings visually. Flexibility allows varied use of space for alternative lifestyles.

A model developed by Morris and Winter (1977) provides yet another framework for defining parameters by which to assess housing quality.


Demographic and socioeconomic characteristics
Family life cycle
Income
Education
Occupation
Race
Family structure
Disability or impairment
Other characteristics
Residential deficits
Tenure
Structure type
Quality and expenditure
Space
Neighborhood
Other deficits
Housing satisfaction
Neighborhood satisfaction
Propensity to adjust housing
Residential mobility
Residential adaptation

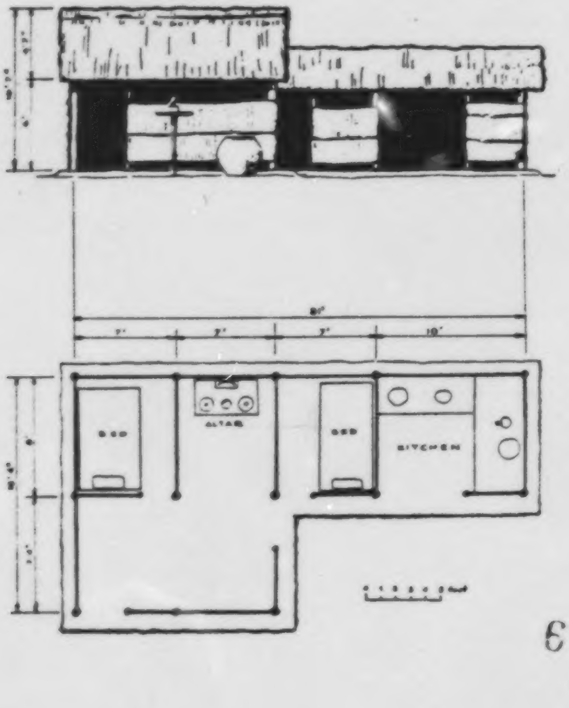
Influences on Family Housing Adjustment
(Morris and Winter, P. 146)

The model in itself does not provide answers as to how the Indochinese view housing. Rather, it provides a framework on which to focus and begin to heighten awareness to cross-cultural differences. The model portrays that demographic and socio-economic variables are used to delineate residential deficits. A discussion of those deficits in relation to the Indochinese Refugee follows:

Tenure (Ownership)-Dr. Tran made reference in his key note address that when an Indochinese family has achieved citizenship status or purchased a home this is a real sign of progress in the acceptance of the United States as home. It is important to note, however, that such an accomplishment is not feasible even for many Americans today, particularly beginning families and thoseof a fairly young age of which the Indochinese in large measure represent. Previous experiences play a predominant role in achieving home ownership. Refugees, however, particularly those of rural and or lower socio-economic status and educational level have had no previous experiences with the financial aspects and other features associated with home ownership in America . Landownership, if achieved, in Indochina was predominantly derived by squatters rights. Structure-the physical lay-out of housing such as the floor plan depicts wide differences and is detailed in a later section. And although the structural aspect does not have the importance that the social, psychological and emotional aspects do, it is an area which cannot be overlooked. Space-How much space is really needed? This question can be answered in terms of the number of bedrooms or amount of square footage. There are vast differences between our needs for space and the needs of the Indochinese. To illustrate this difference, I am reminded of some of the comments included in the sponsor needs assessment being carried out in conjunction with the Families in Transition grant currently in the process of being analyzed. A sponsor stated that upon arrival of the Refugee a very small apartment was provided as it was the only space available in the community at the time. As time passed, larger housing and more adequate housing became available but the Indochinese family did not want to move. It seems as though the sponsor viewed this as inadequate space; to the Refugee family it was adequate. In all probability other factors were at work also. Perhaps the family was beginning to take roots and feel a little bit at home and were hesitant to bring about more change. In addition, the U.S. architecture is oriented to the stature of the human being and as one would be aware the stature of the average American male is approximately 6 foot, 175 pounds. This compares to an average weight of the Indochinese male of 100 to 110 pounds. Thus, the amount of space needed and the feelings associated by the space available is affected by the size of the human body. Finally, neighborhood and other deficits interrelate to determine the degree of housing and neighborhood satisfaction and ultimately determine the necessary adjustments or whether a family moves or adapts its housing.

The second area for consideration today encompasses the uniqueness of the Refugees situations which impact on their current housing. A discussion of previous housing and a model on refugee housing influences will provide the framework for this section.

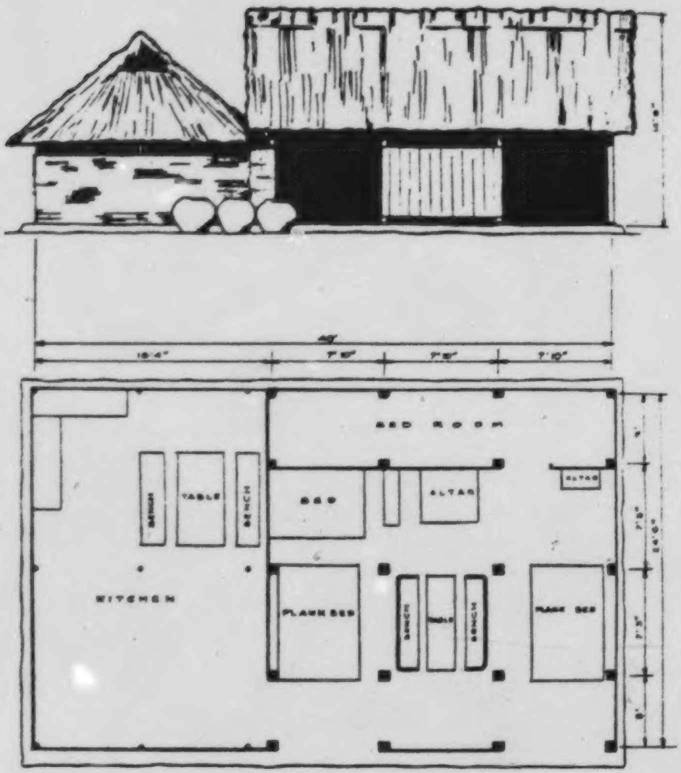
A knowledge of floor-plans, house arrangements, cultural tranditions and actual housing situations of the Refugee in his homeland can lead to a better understanding of the uniqueness of the Indochinese and thus aid in the adjustment process. Village in Vietnam (1964) provides such information in relation to the rural communities. The four major types of housing include: thatched house with wooden frame, wooden house with thatched roof, wooden house with tile roof and masonry walled house with wooden frame and tile roof. A brief description and floor plan of each follows:



A Small Thatched House.

(Hickey, p. 28)

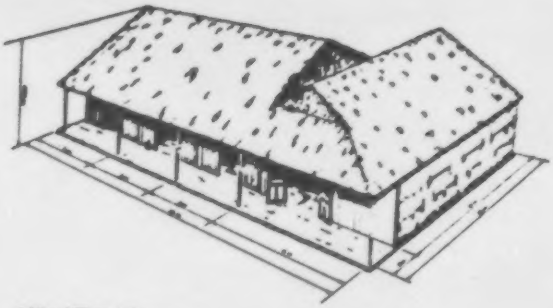
The framework of the small thatched house is made from unplaned logs, sticks, and bamboo and is fastened by cord from the fibrous stem of the latania palm. It is a rectangular, rather low structure with a straight-sloped roof and frequently has an addition to one side. Most have two doorways separated by flimsy partitions. Generally, there are no windows.



A Large Thatched House

(Hickey, p. 30)

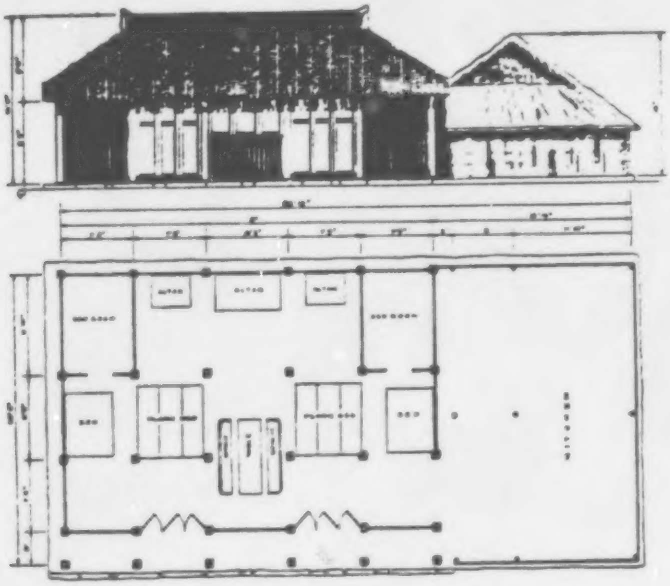
The larger thatched houses require sturdier frames of squared wooden posts or round pillars resting on stone bases. Well thatched roofing is a matter of pride. Most thatched houses consist of a main room which contains at least one altar which in most cases is dedicated to the ancestors. A table with stools or benches is placed before the altar. Wooden plank beds and a kitchen to the rear complete the structure. Larger thatched houses are simply an elaboration of the smaller type with superior materials and construction. The interior, particularly the main room, is larger and frequently additions of somewhat ruder construction are used for kitchens, bedrooms or storerooms. The kitchen in one corner of the room generally consists of an open hearth of three stones representative of the three spirits of the hearth.



A Wood Thatch House

(Hickey, p.33)

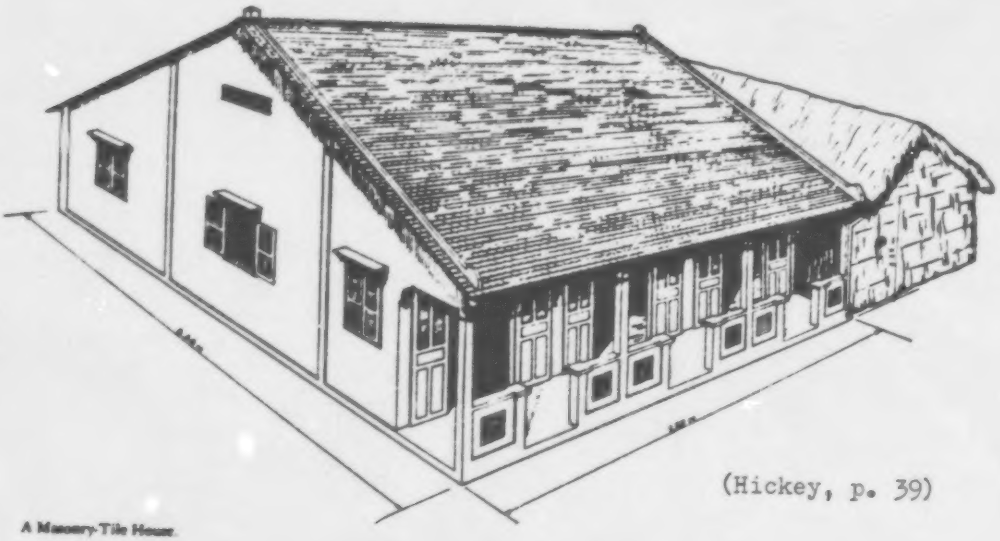
The front and rear walls of the wood-thatched house are wood with side walls and roof thatched. Compared to the large thatched house, the wood thatched house is constructed of better wood with a more elaborate fitting of crossbeams and roof supports. The walls and interior partitions are wooden planks fit together and nailed. Overhanging eaves hang from the veranda on the front. Front doors are louvered and most houses of this type have several windows fit with wooden bars. Pounded earth floors are common though more prosperous villagers might have floors of flat brick squares set with mortar. The interior is similar to that of the larger thatched houses described earlier.



A Wood Tile House

(Hickey, P. 35)

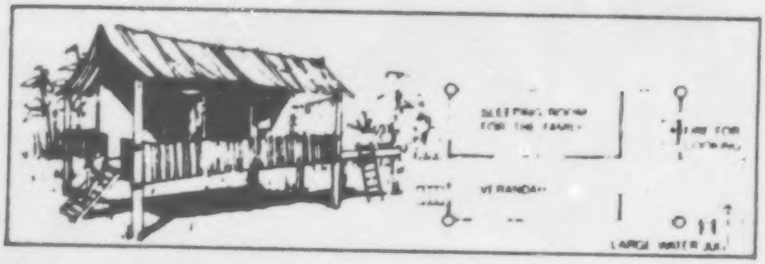
The wood-tile houses are usually large and all have the stylized roof considered to be traditionally Vietnamese. Pillars are of polished dark hardwood; crossbeams and supports are stylized and carefully fitted. Tile arranged in interlocking, alternating concave-convex rows make up the roof. Most of these houses have pounded dirt floors although some brick floors have been installed recently. The additions have invariably consisted of thatched roofs. This is explained by the fact that money and effort are concentrated in the main part of the structure because this is where the altars are placed. A thatched roof for the kitchen also permits the smoke to dissipate easily.



(Hickey, p. 39)

A Masonry-Tile House.

Masonry-tile houses vary widely in architectural style. Wide verandas and louvered doors are typical. Colors on the exterior walls and doors was an innovation with this type of house. Bedrooms are to one side of the main room or to the rear. Metal gutters collect rainwater. Even though numerous innovations are found on this type of structure, the wood-and-thatch multifunctional addition can still be found.



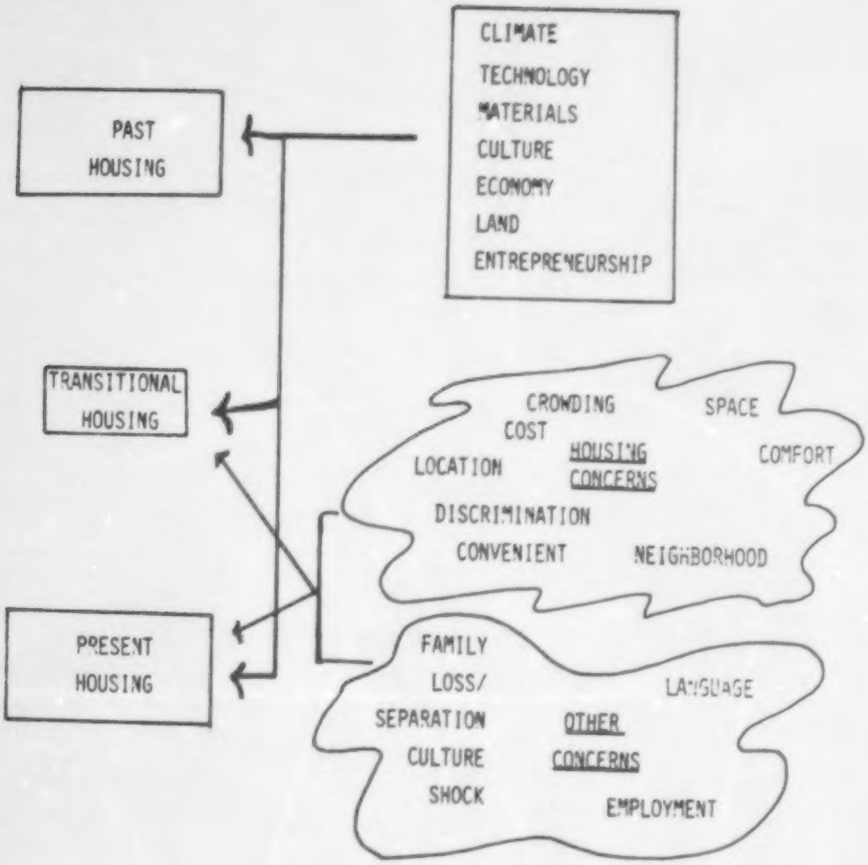
The majority of Lao are accustomed to having a fairly large number of people living in relatively small quarters. Individual sleeping rooms are rare. Most Lao houses have few rooms and little furniture. The "veranda" constituting about half the area of the house is where much of the daily activity takes place. Most Lao houses have few rooms and little furniture. They are simple homes of bamboo with wooden floors and windows without panes and bamboo shutters for inclement weather. Candles and kerosene lamps provide lights as there is no electricity. Kitchens have two types of stoves--one for burning wood to make into live coals and the other for cooking. Most do not have refrigerators (Moua and Seal).

Among the Hmong house building follows strict rules. Though the Hmong eagerly accept new ideas, isolated villages preserve the old culture. Houses have a suburbia-like sameness with all being built on the ground with a dirt floor and no windows. Inside, a stove and open fire pit with family bedrooms along one wall can be found. The guest bed is a bamboo platform at the end of the living area. The nearest market is several day's walk away. According to Garrett (1974) the rule is that every house must be built so that distant mountans can be seen from either the front or the back door. Before building, a hole of a few inches in diameter is dug into which as many grains of rice as there are people in the family is placed. If the spirits move the grains during the night, another site must be found.

Steinberg (1959) describes the housing of the Cambodian people. Dwellings, usually constructed on piles, can be either for individual family units or in communities that support the long-house institution for the communal group. In a long-house, each family has its own partitioned section with the center consisting of an interior plaza where bachelors and other unattached maled are lodged and where communal ceremonies take place. Some long houses exceed 300 feet in length.

Two final superstitions affecting housing of the Vietnamese are related to dragons. Kitchens are always placed on the Northwest becuase when the kitchen fires burn, they will scare away the dragon. Likewise, mirrors are often placed on the front door so as to scare the dragons away.

Having focused on the previous housing situations of the Refugee as reflected in house-plans, materials, and cultural traditions, the question is raised, "What feelings, attitudes and fears areexperienced by the Refugee as he encounters housing in a new land so vastly differen The following model attempts to portray the interrelationship of the various influences impacting on the Refugee and his housing. The model portrays that past experiences in combination with transitional and present housing interrelate in determining attitudes, feelings and ultimately the degree of satisfaction in ones current housing experience. All of the influences indicated determine whether housing is of such a quality to enhance the quality of living. As the model indicates, there are many factors which ultimately influence housing. These influences exert themselves in all areas of living and thus cannot be singled out as only impacting on housing thus adding to the complexity of the issue.


PAST HOUSING
TRANSITIONAL HOUSING
PRESENT HOUSING
CLIMATE
TECHNOLOGY
MATERIALS
CULTURE
ECONOMY
LAND
ENTREPRENEURSHIP
CROWDING
SPACE
COST
LOCATION
HOUSING CONCERNS
COMFORT
DISCRIMINATION
CONVENIENT
NEIGHBORHOOD
FAMILY LOSS/ SEPARATION
LANGUAGE
OTHER CONCERNS
CULTURE SHOCK
EMPLOYMENT

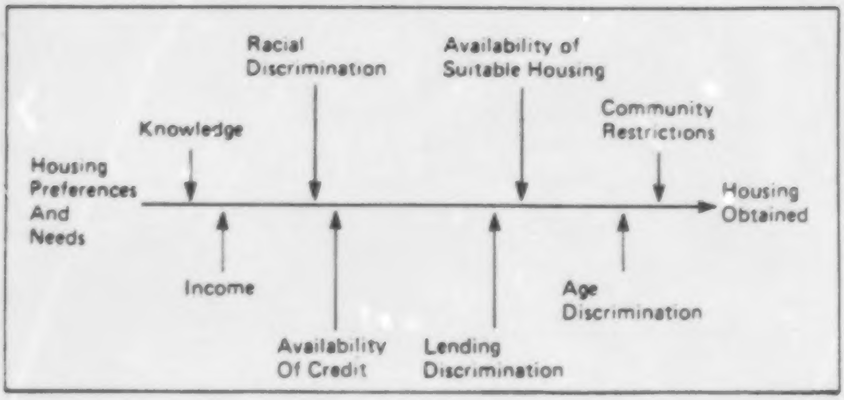
REFUGEE HOUSING INFLUENCES

(Cramer, 1981)

The third and final area for consideration today is constraints in meeting housing needs. A framework for addressing this topic is found in two models provided by Lindamood and Hanna (1979) and Morris and Winter (1977).

In focusing on the first of these, it is easy to understand some of the difficulties encountered by the Refugee in meeting housing needs adequately. Lack of income, and knowledge--just by virtue of being in an unfamiliar country--combined with inability to obtain credit, community restrictions such as size of household and restrictions on combining business and residence give evidence of the plight of the Refugee.

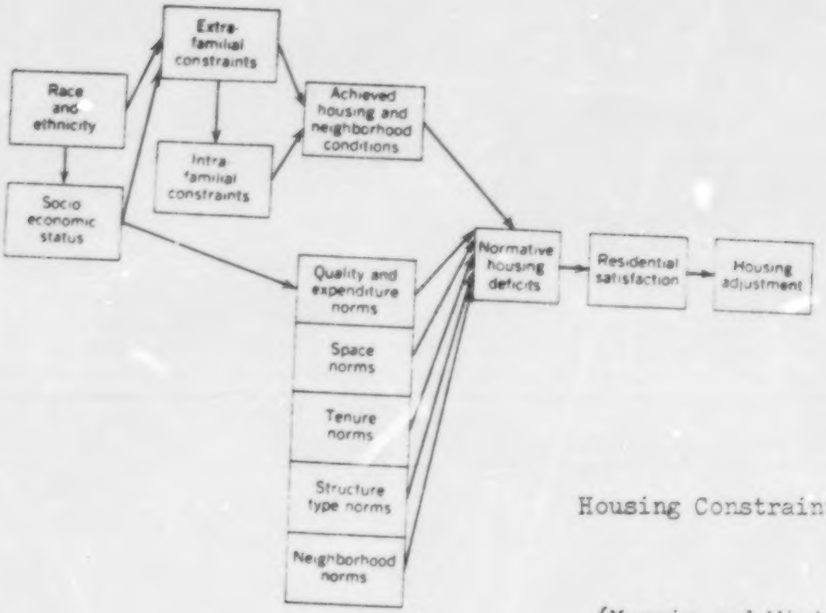
**Constraints to Obtaining Housing**


Racial Discrimination
Availability of Suitable Housing
Knowledge
Community Restrictions
Housing Preferences And Needs
Housing Obtained
Income
Age Discrimination
Availability Of Credit
Lending Discrimination

(Lindamood and Hanna, p. 57)

From the Morris and Winter model, a major constraint with the Indochinese Refugee relates to the intra-familial constraints--specifically the family structure and kinship ties. The Indochinese family is close, warm and supportive and has profound affection for one another. Everyone eats in common from a single tray in contrast to the "each person, one room, each person one plate" philosophy of Americans (Haines, 1981). Relatively large households are typical, and the structure of the family is complex as evidenced by varying patterns of the extended family. In addition to the nuclear family three distinct types of extended households are prevalent. The extended family consists of three generations including parents, children, children's spouses and children's children. The joint family consists of co-residence of siblings with their spouses and children. The multiple spouses or polygynous type illustrates the final form. Race and ethnicity as evidenced in discrimination is certainly a constraint as is the socio-economic status factor. This is interrelated to the household size. A large number of people to be housed requires a large income thus presenting another major constraint to a Refugee in a new land with lack of a job and job skills.

The constraints or modifiers alluded to earlier related to the persons and households attempting to achieve housing. Another aspect of contrain which cannot be overlooked is the production segment. Of particular concern here are the low vancancy rates, the building of new housing which is small and energy efficient and the conversion of rental units to condominiums. These factors combined with rising inflation, decreasing real income, high interest rates make for a very difficult situation with respect to the Refugee.


Race and ethnicity
Socio economic status
Extra-familial constraints
Intra-familial constraints
Achieved housing and neighborhood conditions
Quality and expenditure norms
Space norms
Tenure norms
Structure type norms
Neighborhood norms
Normative housing deficits
Residential satisfaction
Housing adjustment

Housing Constraints

(Morris and Winter, p. 290)

In conclusion, if the housing needs of the Refugee are to be met, these needs must be analyzed from a cross-cultural perspective. Meeting these housing needs is a challenge for each of us. We must be aware of the cultural differences in terms of families, households and previous living situations. Resistance to change and failure to accept cultural differences is a challenge for each of us. Then too, the intelligence of the Refugee cannot be overlooked if we are to succeed. Turner so aptly describes this challenge in terms of cross-cultural differences and dealing with them in stating...."If housing is treated as a verbal entity, as a means to human ends, as an activity rather than a manufactured and packaged product, decision-making power must, of necessity, remain in the hands of the users themselves......The ideal we should strive for is a model which conceives housing as an activity in which the users--as a matter of economic and social and psychological common sense--are the principal actors." (Turner, p. 153)

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# DIETARY HABITS AND NUTRITIONAL NEEDS OF SOUTHEAST ASIAN FAMILIES IN THE UNITED STATES

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It is a special privilege and a pleasure for me to be here this morning and to talk to you about the cultural food habits and nutritional needs of Indochinese families in the United States of America.

In the name of other refugees I extend my sincere appreciation to the community and the University of Nebraska for their concern and services rendered to the refugees. Your invitation to me to speak is one more evidence of this concern.

The summer of 1975 marked a large influx of refugees from Southeast Asia who fled their homeland and came to the United States to seek freedom and a new happy life. Thirty countries accepted Southeast Asian refugees. The United States is one of these countries. Recent statistics indicate 85% are Vietnamese refugees, 10% Laotian and 5% Cambodian. The sensestconcentration of Southeast Asian refugees are in California and Texas.

Federal and voluntary agencies have generously helped resettle the refugees by providing employment, housing, education and medicare. However, there has been little or no attention paid so far to the refugees nutritional health status or to the nutritional adaptations the refugees may have made. Have they adopted an American diet or do they seek out foods as much like their native food as they can find? Are their diets even nutritionally adequate? It is conceivable that the enormous change in accessibility of many foods, not to speak of the marked change in environment, may have led to the adoption of diets which are less than adequate.

Before I talk about Indochinese eating habits I would like to mention briefly the role of Southeast Asian women. Southeast Asian women have held a subordinate position to men, and their social life has been limited. At the same time, women often exercise a great deal of influence in the family, particularly in family financial matters, in decision-making, in preparing meals, and in selecting marriage partners for their children. For this reason, women are often called the "General of Internal Affairs". They desire a happy domestic life and want to make their home life a happy one. But today, women are more career minded and more desirous of higher education. In general, however, the wife-husband relationship also stressed equality -- as a Vietnamese saying goes:

> "Wives and husbands who are equals can dry up the Eastern Ocean."
> (Dõng vỏ, dồng chồng, tát biển Dông cũng can).

Let me now describe the diet of Southeast Asian families in their homeland and here in the United States. As you know them better, you will see the kinds of eating habits, food prejudices and nutritional needs which might be addressed in helping Southeast Asians adopt a healthy diet, while nonetheless respecting the tastes they acquired in childhood.

The people of Cambodia, Laos, and Vietnam have the same food habits and only their language is different. As in most countries of Asia, the staple food of the Southeast Asian families is rice. Considerable ceremonial importance is attached to the preparation of rice. A woman's domestic proficiency is believed to be reflected in her ability to prepare rice properly and in adequate quantity for all family members. It is the responsibility of mothers to teach their daughters on how to cook rice and prepare meals for family before the daughters get married.

Rice is also made into kinds of bread and noodles. A special variety of rice, sweet rice (sticky rice) serves to prepare a much appreciated kind of pastry and a light alcohol drink very similar to the Japanese sake.

The soya bean is one of the most important foods in Southeast Asian diet. The soya bean is to Southeast Asians what dairy products are to the Americans. Vegetables and fruits are usually consumed fresh. The most common meat in Southeast Asian markets is pork, then organ meat, including blood. Beef is eaten chiefly in the cities. But the Lao Hmong who live in the mountains consume more beef than chicken and pork. Much poultry is also eaten as well as eggs, especially duck's eggs.

Fish and seafood are part of the daily diet of the Southeast Asian families regardless of social class and religion. Fish sauce is first fed to children around six months of age. The average consumption is estimated ½ liter (roughly one pint) per month per adult in a family. The Southeast Asian families use fish sauce for seasoning and as a condiment as well.

Milk and the other dairy products are nearly unknown. In the cities, well-to-do people consume sweetened condensed milk. Tea is the daily beverage. Carbonated drinks are drunk occasionally.

Like many Americans, Indochinese prefer three meals a day, with breakfast of less importance than the meals at midday and in the evening. An average Indochinese consumes less than 2/3 of the calories of an average American. The diet of the average Indochinese in his homeland was quantitatively adequate but qualitatively deficient, especially in thiamine and riboflavin, lost when mechanically polished rice was used.

The distribution of food within the family generally favors adults, rather than children. During illness, most foods and liquids are restricted. Rice soup is the standard diet for the sick, children and adult alike, both at home and in the hospital. Babies are usually breastfed, they begin to eat supplemental food -- rice flour, rice soup -- at about 6 months and are weaned at 12 to 18 months of age.

Indochinese have certain very unreasonable food habits. For example, women are restricted to a diet composed of rice, caramelized fish with fish sauce and tea during the first month after delivery. The Lao Hmong women are subjected to an even more severe diet of rice soup and hot water for one whole month after childbirth. Such diets are believed to make them strong, prevent diarrhea, and render their children free of illness and more intelligent.

Sour foods, eggs, meat, soup, fried foods, vegetables, and coconut milk are considered good foods for pregnant women, but spicy foods, salt, fish, chicken, ice cream and milk must be avoided. The pregnant woman believes that nutritious foods should not be consumed during pregnancy for the fetus would be too big and difficult labor would result. Pork feet with raw papaya, cabbage; sticky rice and vegetables are considered good foods for lactating women.

What has happened to Indochinese dietary patterns in the United States? There is very little information on this subject. A survey I conducted a year ago provides some insights into this question.

The results were derived from structured interviews with 50 households of Vietnamese refugees who came to the greater Washington, D.C. area in 1975. They indicate that rice continues to be universally eaten, at least once a day, but has been partially replaced or supplemented in the U.S. by more bread and noodles at lunch and breakfast cereals at breakfast. Milk is consumed more by the Vietnamese in the U.S. (Table 1). Fish and seafood consumption demonstrated a very marked decrease. But patterns of meat consumption seem to remain about the same in the U.S. as they were in Vietnam (Table 2). Green vegetables are eaten much less due to the unavailability of fresh and familiar kinds of vegetables. Fruit consumption shows a decrease in the eating of bananas. On the other hand, the consumption of oranges and juices has increased among the Vietnamese in the U.S. (Table 3).

Concerning the changes of dietary habits after coming to the U.S., 40% have changed their eating pattern and the remaining 60% have not changed at all. Factors involved in dietary changes (Table 4) are noted as follows: (1) many women work outside the home; (2) less time is available for preparation of Vietnamese-type meals; (3) need to similify meals; (4) no kitchen help; (5) adaptation to American lifestyle; (6) different availability of foodstuffs, e.g. fish, bananas; and (7) different relative prices.

Table 1

## NUMBER OF FAMILIES CONSUMING SPECIFIC FOOD ITEMS BY MEAL IN VIET NAM AND THE UNITED STATES

### CEREAL AND DAIRY GROUPS

| Food Items | Breakfast | | Lunch | | Supper | |
|---|---|---|---|---|---|---|
| | VN | US | VN | US | VN | US |
| Milk | 8 | 20* | 2 | 11* | 0 | 1 |
| Rice | 20 | 1* | 50 | 10* | 50 | 50 |
| Bread | 27 | 18 | 0 | 12* | 0 | 1 |
| Vermicelli/Noodles | 30 | 12* | 2 | 12* | 0 | 10* |
| Cereals | 0 | 10* | 0 | 0 | 0 | 0 |
| Bean curd (Tofu) | 0 | 0 | 10 | 8 | 18 | 14 |

N = 50 households

* Difference between number of families consuming this food item in VN and US is highly significant ($p < .05$)

Source: TONG, A. T. - "Food Habits of Vietnamese Immigrants
in the Washington, D.C. Area"
Master's Thesis, Howard University
Washington, D.C., May 1979 ©

## Table 2

## NUMBER OF FAMILIES CONSUMING SPECIFIC FOOD ITEMS BY MEAL IN VIET NAM AND THE UNITED STATES

### MEAT GROUP

| Food Items | Breakfast | | Lunch | | Supper | |
|---|---|---|---|---|---|---|
| | VN | US | VN | US | VN | US |
| Beef | 10 | 4 | 7 | 0 | 23 | 30 |
| Pork | 0 | 0 | 13 | 9 | 30 | 37 |
| Chicken | 0 | 0 | 16 | 15 | 20 | 19 |
| Duck | 0 | 0 | 4 | 0 | 9 | 13 |
| Organ meat | 4 | 0 | 2 | 1 | 11 | 13 |
| Ham | 3 | 4 | 10 | 3 | 0 | 0 |
| Bacon | 0 | 8 | 0 | 0 | 0 | 0 |
| Hamburger | 0 | 0 | 0 | 8* | 0 | 0 |
| Hot dogs | 0 | 0 | 0 | 20* | 0 | 0 |
| Fish | 0 | 0 | 28* | 0 | 20 | 15 |
| Shrimp | 0 | 0 | 12* | 0 | 30 | 8* |
| Eggs | 14 | 16 | 18 | 2* | 6 | 3 |

N = 30 households

* Difference between number of families consuming this food item in Vietnam and the United States is highly significant ($p < .05$)

Source: TONG, A. T. - "Food Habits of Vietnamese Immigrants in the Washington, D.C. Area" Master's Thesis, Howard University, Washington, D.C., May 1979 ©

## Table 3

## NUMBER OF FAMILIES CONSUMING SPECIFIC FOOD ITEMS BY MEAL IN VIET NAM AND THE UNITED STATES

### VEGETABLES AND FRUIT GROUPS

| Food Items | Breakfast | | Lunch | | Supper | |
|---|---|---|---|---|---|---|
| | VN | US | VN | US | VN | US |
| Green vegetables | 0 | 0 | 26 | 12* | 22 | 30 |
| Bean sprouts | 10 | 4 | 13 | 6 | 14 | 15 |
| Cabbage | 0 | 0 | 14 | 0* | 16 | 18 |
| Cucumbers | 0 | 0 | 20 | 16 | 25 | 25 |
| Carrots | 0 | 0 | 5 | 3 | 6 | 8 |
| Cauliflower | 0 | 0 | 6 | 2 | 6 | 3 |
| String beans | 0 | 0 | 15 | 4 | 20 | 11 |
| Tomatoes | 0 | 0 | 10 | 6 | 15 | 14 |
| Bananas | 6 | 9 | 16 | 10 | 25 | 15* |
| Pineapple | 0 | 0 | 12 | 1* | 18 | 2* |
| Oranges | 0 | 0 | 10 | 19* | 6 | 27* |
| Juice | 0 | 16* | 5 | 8 | 0 | 10* |

N = 50 households

* Difference between number of families consuming this food item in Viet Nam and the United States is highly significant ($p < .05$)

Source: TONG, A. T. - "Food Habits of Vietnamese Immigrants in the Washington, D.C. Area", Master's Thesis, Howard University, Washington D.C., May 1979 ©

Table 4

## SUMMARY OF SIGNIFICANT DIETARY CHANGES OF VIETNAMESE IN THE UNITED STATES*

CEREAL & DAIRY GROUPS:

- MORE
  - MILK
  - BREAD
  - NOODLES
  - BREAKFAST CEREALS
- LESS
  - RICE

MEAT GROUP:

- MORE
  - HAMBURGERS
  - HOTDOGS
- LESS
  - FISH
  - SHRIMP
  - EGGS

VEGETABLE & FRUIT GROUPS:

- MORE
  - ORANGES
  - JUICES
- LESS
  - GREEN VEGETABLES
  - CABBAGE
  - BANANAS
  - PINEAPPLE

* CHANGES SIGNIFICANT AT ONE OR MORE MEALS PER DAY AT .05 LEVEL.

Source: TONG, A. T. - "Food Habits of Vietnamese Immigrants in the Washington, D.C. Area", Master's Thesis, Howard University, Washington, D.C., May 1979 ©

What I have told you are results only of a small study.

The complexity of the American society and the vast differences in languages and culture have made it difficult for recent waves of Indochinese refugees to adjust emotionally and physically, since many are from lower socio-economic levels and many have undergone nutritional hardship in recent years in their home countries. This maladaptation has implications for refugee nutritional health status. The prevalence of active tuberculosis among refugees who entered the U.S. in 1980 was about 1,100 per 100,000.

In a nutrition survey conducted by the Center for Disease Control in mid-1977 in Minnesota, Washington, Oregon and Wisconsin, the preliminary findings indicated that the highest prevalence of low stature-for-age (that is children who are much smaller than they should be) occurs among Indochinese refugee children. The prevalence of low stature-for-age was over 18% of Indochinese children in 1978 and increased to approximately 24% in 1979. An analysis of weight-for-age distribution also shows the Indochinese refugee children have the highest prevalence of low values. There does appear to be a trend for increased stunting and wasting in this group over time.

During my home visits to "boat people" families, some nutritional problems such as anemia, protein-calorie deficiency, stunted growth were observed among Southeast Asian children and women. For example, a young Vietnamese mother who has a 14-month-old son and a 3-year old daughter, eats some rice and drinks a glass of water daily. She complains of losing weight, appetite, and energy. Her children were given milk as the only food. She was unable to recognize spinach, for example, in a supermarket even though she would have easily accepted its Vietnamese counterpart, and she happily cooked spinach once it was identified for her and she was shown how to cook it.

Some Lao Hmong children in Minnesota refuse to eat ice cream, others only eat cookies or drink orange juice.

Survey data compiled in a Health Fair conducted two years ago in Washington, D.C. area, revealed that of 511 Vietnamese refugees who visited the fair, 85 had gout, 40 had hypertension, 21 had diabetes, and 41 were anemic. All these conditions benefit from proper dietary management, and some might be aggravated or even caused by deficient diets.

The Surgeon General's report on Health Promotion and Disease Prevention, Healthy People, states that:

> "In fact, of the ten leading causes of death in the United States, at least seven could be substantially reduced if persons at risk improved just five habits: diet, smoking,

> lack of exercise, alcohol abuse, and use of anti-hypertensive medication."
>
> "Personal habits play critical roles in the development of many serious diseases."

How would this dietary management help Southeast Asian families improve their diets? It is not simply enough to translate an American recipe into Southeast Asian language. Nutritional improvements should be based on basic native foods and should be planned within cultural norms. The problem of changing food habits becomes more complex when the values of the refugees are different from those of the providers. Therefore we must attempt to understand the food culture of the people involved; that means a detailed knowledge of Southeast Asian methods of food preparation and cooking techniques is essential in any program designed to improve refugees diets.

Many things might be done to improve Indochinese nutritional needs. Components of a nutrition program for Indochinese might be:

1. A comprehensive nutrition education program designed for Indochinese families with bilingual materials and visual aids.
2. Education in the value of eating adequate and balanced meals.
3. Emphasis on the nutritional value of milk and dairy products, since the introduction of cow's milk in Southeast Asian diet would correct many imbalances of nutrients.
4. An international festival sponsored by universities, high schools, or local communities to create and to increase cross-cultural awareness and understanding of ethnic food habits.
5. Seminars on various health topics for Southeast Asian families, including the elderly.
6. A club of Southeast Asian homemakers.
7. Classes for Indochinese adolescent girls and mothers in child care and child feeding.

These are just samples of what might be included in a major program to improve Southeast Asian families nutritional status.

You in the audience are demonstrating, by your presence here, your interest and continued concern for the refugees well-being, I am confident that Indochinese refugees will continue to thrive and adapt well in their new homes in Nebraska.

The refugee needs are many. The task is difficult. The American people are generous and compassionate. The local government and voluntary agencies have played a significant role in the resettlement of Southeast Asian refugees in this area.

In closing, may I quote Teilhard de Chardin saying: "The future is in the hands of those who can give tomorrow's generation valid reason to live and to hope."

Ladies and Gentlemen,

You are the ones who can best accomplish this mission.

Thank you very much.

# EMPLOYMENT AND CONSUMER PATTERNS OF INDOCHINESE REFUGEES

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The data to be presented are a portion of the field test results from a three-year study of settlement of Indochinese refugees in Vancouver, Canada. The study is being conducted by an inter-disciplinary team of researchers from Psychiatry, Social Work, and Home Economics at the University of British Columbia.

The focus of the larger study is the evolution of adaptive styles and their relationship to social, employment, consumer, health, and mental health patterns. In each of these areas, we are measuring changes over time in knowledge about the receiving society, changes in behaviour (continuum of traditional versus Western) and changes in value orientation to the past, present, and future. The setting of the research, Vancouver, offers an opportunity to examine the impact of the large established ethnic community (Chinatown) on differences in adaptation between the Chinese and the non-Chinese refugees. The final refugee sample (1100) will include government versus privately sponsored cases, Chinese versus non-Chinese, and Vancouver versus a less urban area. Two interviews 18 months apart will be conducted on the refugee and a Mainland China immigrant control group samples.

The purposes of this presentation are 1) to present background research information on factors affecting adaptation to the economic setting; 2) to describe development of interview instruments to measure employment and consumer patterns; 3) to provide descriptive profiles of selected employment and consumer patterns of the refugees by sex and ethnicity; and 4) to state implications for professionals helping refugees with basic employment and consumer skills.

## Background Data on Economic Adaptation

Every refugee, to a greater or lesser degree, has contact with the larger Canadian society. The nature of that contact and whether or not the refugee possesses the skills necessary for effective participation, are factors which will significantly influence outcome. An issue of concern is whether or not the refugees will be able to adapt to the financial setting of an industrialized nation without becoming a burden to the economy. Specific concerns relate to refugees competing for available jobs or remaining unemployable due to lack of language and/or job-related skills. (These concerns may or may not have a basis depending on the ability of governmental and private sponsoring organizations to familiarize the refugees with resources and financial management skills that will aid them in attaining financial self-sufficiency.)

The timing and patterning for attaining financial self-sufficiency will vary with the individual household unit. However, if past economic adaptation patterns are indicative, there are at least two phases of adaptation, the initial adjustment and economic integration, that have been exhibited by refugees (Weiermair, 1971, 1972; Bernard, 1973, 1976).

The initial phase of adjustment is characterized by decisions related to employment and provisions for the basic necessities of food, clothing, and housing. If the refugee has a place to live; is employed; has food, clothing, and furnishings; and is attempting to learn the language, integration to the economic setting is beginning to occur. At first, the residence may be located near an ethnic community, language training may be on an informal or an intensive basis; food, clothing and furnishings donated; and labour force participation sporadic and at a level less than past education and training. The household unit may include more than one participant in the labour force. These additional workers may not have worked in the past and may view their labor force participation as a temporary measure to achieve financial independence for the household (Weiermair, 1971, 1972).

Another phase of adaption described by Bernard (1973) as "putting down roots" and by Weiermair (1972) as economic integration is exemplified by the possibility of home ownership, occupational stability, increased education and training, and opportunity for occupational advancement.

Rate of employment and non-reliance on public assistance have been used as main indicators of economic adaptation. In recent research on Vietnamese, in the United States, Montero (1979) reported 95% of the males and 93% of the females were employed; after two years the majority were working full-time and earned increased incomes. Less than 33% still received public assistance.

The success of the refugees in long range economic adaptation is dependent not only on their being employed, but on their ability to manage their income and other resources available to meet their expectations for adjustment to the Canadaian economic setting. Management involves decisions about allocating material and human resources to meet the goals of the family and to meet demands, such as emergency or family crisis situations, on the family (Deacon & Firebaugh, 1975). To achieve their economic goals, the refugee families will make decisions about obtaining employment; about providing food, clothing, furnishings, and housing; and about financial security. The decisions the refugee families make in formulating current and future goals, knowledge of resource availability, and resource allocation for these areas may affect the degree of current and, in turn, future economic integration. Therefore, to increase the likelihood of attaining their desired level of economic integration, it is important that the refugees increase their knowledge of resources that might be available and that they distinguish when past knowledge and past ways of managing are adequate or inadequate in making these decisions.

A number of factors related to employment and consumer patterns will be influential in determing the amount of time for and the degree of adaptation to the economic setting. Some resource constraints or barriers to obtaining employment are non-existence of former occupation in the receiving country; existence of former occupation, but competition from many qualified Canadians seeking similar work; non-availability of jobs that would utilize past training and education without further training in Canada; nation-specific licensing or training programs which mean that the refugee does not meet Canadian requirements for the profession; lack of information about Canadian labour force opportunities such as assistance for locating employment and career counseling as to retraining programs; poor health; and lack of language ability (Moncraz, 1973, 1975: Percal, 1978; Montero, 1979; Stein, 1975). Those who have professional and/or people-related skills are likely to do less well at being employed than those with thing-related skills. Downward occupational mobility occurs for professionals (North, 1980) and in general underemployment is a common experience for Asian refugees and which may not end with the first generation (Siu, 1980).

Moncraz (1973, 1975) suggested that lack of language facility is a barrier to upward occupational mobility, but may not be a barrier to occupations in an ethnic community or to occupations requiring minimal skills. In the upper level professions such as accountants, lawyers, teachers, and physicians, language adeptness is needed for retraining to be allowed to practice in the receiving country. Percal (1978) noted that refugees were not utilizing the available English improvement programs because they believed proficient English was not essential for the present job or for their personal interactions. This phenomena can occur if the refugees remain in the ethnic community and essentially develop an ethnic economy within the larger English speaking economy. The ethnic community can serve as a buffer to the refugee in that the refugee may learn from those similar in ethnic background how to obtain employment, purchase goods and services, and learn about other financial matters (Nann & Steward, 1975). The negative aspect is that the refugee remains sheltered within the ehtnic community and does not become part of the receiving nation. There is some evidence from an Australian study that there is a relationship between ethnic communities and welfare dependency. Higher levels of welfare needs seemed to be present with less developed ethnic communities (Cox, 1975).

The nature of their flight from Vietnam and the months prior to arrival in the receiving country make it unlikely that the refugees will have monetary reserves available to assist in immediate self-maintenance or provisions for financial security and must rely on financial assistance from governmental and private sources, at least until employment is obtained (Pekin, 1977). Some of the adaption difficulties in providing self-maintenance include locating acceptable housing, furnishings, and equipment; adjusting to different food, clothing and spending patterns; learning about social insurance, and insurance regulations; and using financial services (Gelinek, 1977). Lack of knowledge or misinformation about the economic setting of Canada may hinder the refugee's adaptation. For example, if refugees view Canadian citizens as having a high level of living, they may erroneously believe that a similar level of living may be readily attained. The refugees may soon be disappointed that with a minimum wage job, periods of unemployment, and lack of familiarity with financial matters in the new country that the family may have to accept the fact that their desired level of living may take some time to acquire (Bernard, 1976). To achieve it, not only must they be employed, but they must increase their knowledge of, and possibly alter their attitudes about, use or non-use of resources.

The sponsoring organizations may be the initial source of information on employment, vocational and language training, on providing necessities, in learning about the basics of shopping, using transportation, and for sources of financial and legal information. (Dumon, 1977). As the refugees become familiar with the Canadian economy and resources available, and after assistance stops, they may use other resources such as the media, relatives, friends, acquaintances, ethnic community, and community centers (Bernard, 1976; Montero, 1979; Weiermair, 1971).

## Development of Economic Adaptation Measures

In previous research studies on refugees or immigrants (e.g., Montero, 1979 and Canadian Manpower & Immigration, 1974), employment characteristics have been used as indicators of adaptation. We decided to develop questions on consumer patterns to broaden this approach to economic adaptation. It is our position that changes in selected consumer practices and beliefs can be used as measures of adapting to Canadian society.

Deciding which consumer patterns to select to measure adaptation was the first problem. We wanted to gather information on some patterns that would be relatively new to them as well as those with which they would have some familiarity. In addition, the consumer patterns were to be areas that would be important for day-to-day living and in which there would be potential for changes over time. To identify the areas, the Vietnamese refugee research assistant and I discussed thoroughly the financial decisions families and individuals make and how the Vietnamese and Canadian setting differ. A number of differences were mentioned. For example, women tend to have control over savings in Vietnam. Therefore, it is not as important to know who pays the bills as it is to know who controls the savings.

Consumer patterns were defined as behaviour in allocating current and future income to consumption expenditures or financial security.

It was decided to obtain information on food, major appliance and auto purchasing behaviour; financial security behaviour (reasons for or against purchasing insurance, having savings, using credit or borrowing money); knowledge of selected financial matters (food and appliance purchasing, credit and installment purchasing, and savings); and sources of information used to help them make consumer decisions. Having a savings program is a familiar idea, but methods available such as tax-sheltered savings plans are different in Canada. Life, property, and medical insurance are new experiences for refugees. Use of credit and borrowing money may be familiar, but reasons for doing so, availability of, and sources used might differ. Food, appliance, home and auto purchasing are all familiar concepts, but there is likely to be considerable variation in past experiences and new options in Canada. Sources of help for consumer problems were not common in Vietnam, but do exist here.

Research by Hill (1970, the National Assessment of Consumer Skills Instrument (1979), and various U.S. and Canadian personal finance textbooks were used to identify questions that would reflect practices and beliefs in each of the selected areas. In addition to factual data on practices and experiences, a measure of knowledge in the selected consumer pattern areas was developed. The format was a description of a purchasing situation and a request to tell which of two options they would select. In initial testing it was learned that the refugees did not want to be forced into selecting one of the two answers. "Don't know" was added as a response category. Another concern that arose was that the number of questions must remain small as they object to having to say "don't know" to too many questions.

Employment patterns were defined as pre-Canadian and Canadian experiences of regularity and adequacy of employment. Pre-Canadian employment information included type of employment and/or special training, educational level, and continuity of employment. Information on Canadian employment included decisions made by the respondent on seeking employment or training, methods used in job search, difficulty in obtaining employment, type of employment, plans for future employment and training and knowledge of job-related resources. The questions were derived from Montero (1979) and a Manpower & Immigration study (1974).

The initial interview instrument was reviewed thoroughly by a Vietnamese refugee and a Hong Kong immigrant assistant as to the cultural appropriateness of the questions. The instruments, with their modifications added, were translated into Vietnamese and Cantonese. Then another bilingual back-translated them. The two English versions were compared for discrepancies. Any discrepancy was discussed and translation altered so that the concept being translated was as accurate as possible. Pretesting was done on 10 subjects and additional clarification was completed.

## Field Testing of the Instruments

### Sampling

A quota sample to ensure variation on key variables was desired for the field test phase. Names were obtained from social service agencies. The sample was selected to include Chinese and non-Chinese, male and females, high and low educational levels. and those identified by social service and mental health agencies as having or not having problems in mental health. The field test sample characteristics for the employment and consumer patterns portion of the research are summarized in Table 1.

TABLE 1

Sample Characteristics

| | Vietnamese | | Chinese | |
|---|---|---|---|---|
| | Men (36)<br>\# | Women (14)<br>\# | Men (53)<br>\# | Women (35)<br>\# |
| **Age** | | | | |
| 18-20 | 1 | 1 | 2 | 1 |
| 21-44 | 31 | 11 | 34 | 23 |
| 45-49 | 4 | 2 | 14 | 9 |
| 60+ | 0 | 0 | 3 | 2 |
| **Marital Status** | | | | |
| Single | 19 | 2 | 13 | 7 |
| Married | 10 | 10 | 39 | 22 |
| Div/Sep/Widowed | 7 | 2 | 1 | 6 |
| **Education** | | | | |
| 0-8 years | 6 | 6 | 16 | 9 |
| 9+ | 30 | 8 | 37 | 23 |
| **Length of Time in Canada** | | | | |
| 0-12 months | 25 | 4 | 12 | 7 |
| 12-24 months | 11 | 10 | 28 | 21 |
| 25-36 months | 0 | 0 | 13 | 7 |

Majority of the respondents were in the age group 21-44; married (except Vietnamese males were single); had 9 or more years of education; and had lived in Canada less than two years. There are not equal numbers in each cell for several reasons: 1) some of the respondents were unwilling to answer other than the mental health information;

and 2) the ethnicity of the respondents was classified by ethnicity of their parents. A number of those we thought were Vietnamese were classified as Chinese due to parentage even though they were interviewed in Vietnamese, not Cantonese.

## Interviewer Selection and Training

We were fortunate to have as some of our interviewers, refugee workers from various social service agencies in Vancouver. The workers are familiar with concerns of refugees and have had experience in dealing with potentially sensitive topics. Training was done by bilingual assistants who had helped in developing the interview instruments. The research assistants demonstrated a portion of an interview and went through each question to avoid misinterpretation by the interviewer. Early in the data collection, the answers written down by the interviewers were scrutinized by the research assistants. Problems were identified and handled individually or in the group as deemed appropriate by the research assistant. During the month of interviewing, there was one meeting at which the interviewers came with concerns they had about their interpretations of questions.

## Data Collection

Trained bilingual interviewers conducted the 2-hour interview in the refugee's home. The purpose of the study was explained and consent forms signed. Upon completion of the interview, the interviewer left a gift of ginger candy and Jasmine tea.

## Field Test Results

Descriptive profiles by ethnicity and sex will be presented on selected employment (see Table 2) and consumer pattern data (see Table 3).

TABLE 2

FREQUENCIES ON SELECTED EMPLOYMENT PATTERNS BY ETHNICITY AND SEX

| | Vietnamese | | Chinese | |
|---|---|---|---|---|
| | Men (36) | Women (14) | Men (53) | Women (35) |
| Worked in Vietnam | | | | |
| Yes | 29(81%) | 10(71%) | 48(91%) | 26(74%) |
| No | 7(19%) | 4(29%) | 5(9%) | 9 (26%) |
| Training in Canada | | | | |
| Yes | 3(8%) | 1(7%) | 7(13%) | 3(9%) |
| No | 33(92%) | 12(86%) | 46(87%) | 32(91%) |

TABLE 2 -(Cont'd)

| | Vietnamese | | Chinese | |
|---|---|---|---|---|
| | Men (36) | Women (14) | Men (53) | Women (35) |
| Working in Canada | | | | |
| Yes | 18(50%) | 4(29%) | 41(77%) | 19(54%) |
| No | 18(50) | 10(71%) | 12(23%) | 16(46%) |
| Job Different from in Vietnam | | | | |
| Yes | 14(39%) | 3(21%) | 31(58 | 13(37%) |
| No | 4(11%) | 1(7%) | 7(13%) | 2(6%) |
| N/A | 8(22%) | 10(72%) | 15(28%) | 20(57%) |
| Expected to Need Special Training | | | | |
| Yes | 29(81%) | 12(86%) | 21(40%) | 15(43%) |
| No | 7(19%) | 2(14%) | 32(60%) | 18(51%) |
| Expected to Need English | | | | |
| Yes | 32(89%) | 12(86%) | 45(85%) | 24(69%) |
| No | 4(11%) | 2(14%) | 8(15%) | 9(26%) |
| Expected to Get Same Job as in Home Country | | | | |
| Yes | 18(50%) | 3(21%) | 24(45%) | 10(29%) |
| No | 15(42%) | 9(79%) | 25(55%) | 19(54%) |

## TABLE 3

## FREQUENCIES ON SELECTED CONSUMER PATTERNS BY ETHNICITY AND SEX

| | Vietnamese | | Chinese | |
|---|---|---|---|---|
| | Men (36) | Women (14) | Men (53) | Women (35) |
| Life Insurance | | | | |
| Yes | 6(17%) | 1(7%) | 16(30%) | 4(11%) |
| No | 30(83%) | 12(86%) | 37(70%) | 31(89%) |
| Credit Cards | | | | |
| Yes | 3(8%) | 1(7%) | 9(17%) | 1(3%) |
| No | 33(92%) | 12(86%) | 44(83%) | 34(97%) |
| Loans | | | | |
| Yes | 1(3%) | 2(14%) | 12(23%) | 3(9%) |
| No | 35(97%) | 11(79%) | 41(77%) | 32(91%) |
| Saving Money | | | | |
| Yes | 15(42%) | 6(43%) | 41(77%) | 28(80%) |
| No | 21(58%) | 7(50%) | 11(21%) | 7(20) |
| Checking Account | | | | |
| Yes | 11(31%) | 4(29%) | 33(62%) | 11(31%) |
| No | 25(69%) | 9(64%) | 20(38%) | 24(69%) |

The consumer patterns include life insurance, credit cards and borrowing money, and sources of help with consumer problems. All of these are areas with which the refugee might not have familiarity. Saving money was included as an area with which they would be familiar.

## Employment Patterns of Men

Experience in Vietnam. Seven of the 35 Vietnamese males had not worked in the home country. Of those who had worked, the main job was classified as craftsman (21%) followed equally by professionals, clerical and sales, and operatives (14%). Only a few of the Chinese males had not worked in the home country. Of those who had worked, the main jobs were classified as managers (27%) or craftsmen (25%). Mean years of employment at their main job were 7.6 for the Vietnamese male and 10.5 for the Chinese male.

Experience in Canada. The majority of the Vietnamese males (91%) and Chinese males (86%) had not had any training since living in Canada. If training had been received, it was in semimanual or vocational areas. There were not enough cases who had had training to discern a pattern of payment for the training.

Seventy-seven percent of the Chinese and 51% of the Vietnamese males are employed and working a 40-hour week. The main reason for not working was "attending language or trade school". Other reasons given were being "laid off" or being "too old to be hired". Both Vietnamese and Chinese males tended to be in jobs classified as operatives, craftsmen, or laborers. Employers and customers were Caucasian for the Vietnamese, but in a third of the situations, the Chinese men had Chinese employers. Both vietnamese and Chineses males viewed these jobs as different from the main one they had had in Vietnam. They accepted the job because they needed to work to provide a living. To find his job, the Vietnamese male tended to rely on social service agencies (41%), applying directly, and friends and acquaintances (29% each). The Chinese male relied on friends and acquaintenances (42%), applying directly (20%), and government manpower offices (17%).

The majority of both groups had worked one other job since being in Canada. The amount of time it took to locate the first job varied from 1 to 56 weeks with a mean of 21 weeks for the Chinese male; and a range of 1 to 32 weeks with a mean of 16 weeks for the Vietnamese male. Over 90% of both groups had not received unemployment benefits.

When asked if they had definite plans to continue to work in Canada, over 90% of both Chinese and Vietnamese males planned to do so. Slightly over half of the Chinese and 70% of the Vietnamese refugees planned to get further job training. If they did not have plans, the main reason for the Chinese was "poor English skills". Two other key reasons were "no time as need to work to make a living" and "additional training won't help". The Vietnamese gave specific reasons of "too old" and "lack of learning ability".

## Employment Patterns of Women

Experience in Vietnam. Seventy-six percent of the Chinese women had not been employed in their home country. Of those who had worked, the main occupational classifications were operatives, clerical, service, sales, and teachers. Twenty-eight percent of the Vietnamese women (4 out of 14) had been employed, primarily as operatives.

Experience in Canada. Only one of the 14 Vietnamese and three of the 35 Chinese women had received training since being in Canada. The Vietnamese (10) and Chinese women (16) tended not to be employed. The main reasons given by the Chinese women were "keeping house, poor health or pregnancy, being at school, and no English skills"; by the Vietnamese women, "attending school".

Although only a few in both groups were employed, all of the Vietnamese and 86% of the Chinese women said they plan to obtain further job training and to work indefinitely once they have a job.

The remaining data on employment patterns will only be presented on the Chinese females as the sample size of employed Vietnamese women is too small to be meaningful.

For the Chinese women who were working, the most typical occupation was services (53%). Other occupations included clerical (16%), laborers (16%) and operatives (11%). Ethnicity of the employers was Caucasian in about half of the situations and Chinese in the other half. English was required at work "seldom or sometimes". Friends and applying directly were the methods used to obtain their jobs. The average time lapse before obtaining the first job was 19.4 weeks with a range of 2 to 44 weeks. Sixty percent of these women have had only one job since being in Canada with only 10% having 3 or 4 jobs. The average hours of work per week were 40 hours with a range of 18 to 60 hours. They rated their jobs as being different from the one in the home country, but they needed a job to provide a living.

## Comparison of Chinese and Vietnamese on Selected Employment Variables

The two groups differed significantly (X (1) = 6.17, p. = .01) with more Chinese than Vietnamese being currently employed. Sixty-eight percent of the Chinese and 45% of the Vietnamese had jobs. Slightly over half of the Chinese and about 90% of the Vietnamese had Caucasian employers. Asians (primarily Chinese) were employers for the Chinese, but not the Vietnamese. These differences were significant (X (3) = 14.6, p = .002).

The two groups differed significantly on expecting to need special training before getting a job (X (2) =21.5, p = .001), but did not differ on their expectations about needing additional English training to get a job and about their being able to get the same type of job as they had in the home country.

## Consumer Patterns of Males

Life Insurance. Of the Chinese males (37) who did not have life insurance, 81% did not plan to purchase any. Three primary reasons were given: it is not necessary, cannot afford it, and do not understand what it is or how it works. About 60% of the Vietnamese males who did not own life insurance said they did not intend to purchase any because they either did not need it or they did not understand what it is.

Credit cards and borrowing money. Only 9 of the 53 Chinese males had credit cards; 8 of these were bank card holders with one having a gas company card. Four of these men had 2 credit cards. They used the cards "sometimes" or "often". Only two estimated the interest rate accurately. Each person used his card for a different reason. Reasons mentioned were "buying major household items, gas, car repair, leisure and entertainment, day-to-day household items, and clothing". The reason some did not have credit cards were they did not understand them (50%) or they were not necessary (45%).

Only 3 of the Vietnamese males had credit cards; 2 of them had bank cards and one a gas card. Only one person used a card "often". Only one person knew the interest rate paid. The main reason given for not having a credit card was "not qualified" (47%). Other reasons were it is easy to pay in cash, prefer to pay cash, want to avoid overspending, and do not understand how credit cards work.

Only 12 of the 53 Chinese men had borrowed money in Canada with banks being the source of funds. Purchasing an automobile was the purpose of the loan. The one man with two loans had borrowed money to purchase furniture and appliances as well as a car. They knew the interest rates fairly well. They estimated 14 to 19%.

Reasons given by the Chinese men for not borrowing money were "did not need to borrow money (62%), did not qualify (19%), and "did not want to borrow money". Situations in which they said they might borrow money were emergencies and extreme financial hardship (32%), buying a car or buying a home (24%) each. The bank was given as the source they would most likely use.

Only one Vietnamese man had borrowed money from a friend for basic necessities of food and clothing. Reasons given for not borrowing money, in order, were: "not qualified for a loan, don't need to borrow any money, and simply don't want to borrow at all". Situations in which they might consider borrowing money are to buy a car and for emergencies (36% each). One or two mentioned to buy a home or start a business. The bank was the source they would likely use, although 22% did not know where to go to borrow money.

Saving money. Forty-one of the 53 Chinese and 15 of the Vietnamese men were saving money. For the Chinese men, the main purpose was for emergencies (49%) then for buying a home (15%). The main reasons given by the Vietnamese men for saving money were to be prepared for emergencies (25%), to buy things later that they cannot afford now (19%), to buy a home, and to send money home (13% each).

For both Vietnamese and Chinese men, the most frequent method of saving money was to put some aside after paying expenses; the most frequent savings instrument was a savings account at a bank. The main reason given by both groups for not saving money was that no money remained after expenses were paid.

## Consumer Patterns of Females

Life insurance. The majority (90%) of both Chinese and Vietnamese women neither had life insurance nor planned to purchase any because they did not need it. Two additional reasons were given for not having life insurance: "do not understand what it is and how it works, and cannot afford it at this time".

Credit cards and borrowing money. One Vietnamese female and one Chinese female had bank credit cards on which they did not know the interest rates. Not being qualified to obtain one was the main reason given by Vietnamese women for not using a credit card with a second reason of "don't like credit cards and prefer to use cash". Chinese women said "they were not qualified for credit cards, they did not understand how they worked, and they did not need them".

Only two Vietnamese and three Chinese women had borrowed money from a bank or a friend. Buying a car was the purpose of the loan for the Vietnamese women. Buying a car, transportation, and sending money home were the reasons given by the Chinese women. Reasons given by both groups for not borrowing money were "don't need to", "don't qualify", "don't want to borrow", and "don't know where and who to borrow from". Situations in which both groups might borrow money were to buy a car, or home, and to handle emergencies. A bank was mentioned as the most suitable loan source.

Saving money. Half of the Vietnamese women and 80% of the Chinese women were saving money. The purposes for having savings were for emergencies, to buy a car, to buy a home, future education, to buy things cannot afford now, to start a business, to help other family members come to Canada, and for retirement.

All Chinese and Vietnamese women who had savings used a savings account at a bank. In addition, one Vietnamese woman had a tax-sheltered savings plan; one Chinese woman had a term deposit, and another had precious metals. Those who were not saving money gave as the reason: "no money left after basic expenses are paid".

## Comparison of Chinese and Vietnamese on Selected Consumer Pattern Variables

The two groups did not differ in that the majority did not have life insurance. Sources of information were also similar with salesmen and friends being the primary sources.

Both groups had minimal experience with using credit or borrowing money. Therefore they did not differ. The two groups did differ significantly on having a checking account (X (2) - 6.23; p = .04) with more of the Chinese than Vietnamese having checking accounts.

The groups differed significantly (X (2) = 20.0, p = .001) with more of the Chinese (80%) having savings than the Vietnamese (43%).

They did not differ significantly in sources of help for translation problems, landlord problems, and unemployment problems. For translation problems, social service agencies were the most common source (45%) with friends the next most common source. Social service agencies were also the most frequent source of help for landlord problems, although the most frequent response was not knowing where to receive help. Government agencies were listed as the key source of help for unemployment problems, followed by social service agencies.

## Discussion and Implications

The refugees have arrived during a difficult time in Vancouver. Average cost of housing is $180,000; vacancy rates of rental units are less than 1%; minimum wage is $3.60 an hour; and the unemployment rate averages 9%.

In spite of these adverse conditions, the refugees seem to be adapting as evidenced by the selected employment and consumer patterns. They are getting training and jobs; and they are able to save some money or borrow money to provide for purchases they want to make.

This particular group of refugees may not have much downward occupational mobility as most of them had been employed in Vietnam as operatives or skilled workers and craftsmen. According to Siu (1980), those with "thing skills" not "people skills" are the most employable and would not as readily be employed in lower level occupations. As evidenced by their planning to receive additional training, this group is likely to have upward occupational mobility.

Apparantly, these refugees have not been mislead about employment in Canada. They do not expect to be employed immediately in a job similar to their past one; they expect to need additional train- and to learn English to obtain a suitable job.

In comparing Chinese and Vietnamese experiences in the job market, the Chinese seem to be better able to get jobs. Part of this is due to most of them having lived in Canada longer; part of it may be they can be employed in Chinatown. Whether or not being able to get a job in Chinatown is desirable for long term employment prospects and upward occupational mobility is not known. However, as Cox (1975) noted, a developed ethnic community may decrease welfare dependence. Possibly, financial self-sufficiency may be more important than occupational advancement for these refugees.

In comparing male and female experiences, it seems that the males are more employable than the females. The men, but not the women, have had prior employment and training experiences.

As evidenced by the time lapse before obtaining their first jobs, the refugees seem to enter into job searches relatively soon. The first year of sponsorship (government and private) was designed to provide financial security for the refugee until the refugee became self-sufficient. The intention was that the refugee could learn English, update skills, or retrain rather than feeling compelled to work at any job as soon as possible. The relatively rapid entry into employment may mean that the refugees are committed to making a living to be self-sufficient without realizing the long-term consequences to employment prospects in Canada. Once they are working, they may be too busy to take additional courses. As a result, they may find that the job becomes "dead end".

The consumer patterns selected for this presentation were ones with which we felt the refugees would have limited experience. As adaptation occurs, we would expect many changes in use of these consumer aspects.

As expected, the majority did not have experiences in these areas. If they had experience, it was with savings and checking accounts, but not with borrowing money or using credit cards. Although their experiences were limited, they seemed willing to use credit or loans if and when they qualified for them. In fact, a wide range of expenditures, from major to minor items, were given as acceptable purchases with a credit card.

In giving reasons for not using credit cards or loans, a frequent response was they did not understand how to use them. As some of you are very much aware, the refugees' knowledge of the financial setting is minimal and much of it has been gained through experience. Our challenge as professionals is to assess how well they understand the financial setting and to develop methods for familiarizing them with financial management skills rather than letting experience be the main teacher. Our research team is involved with the challenge of assessing knowledge about and experiences with the financial setting. It is our hope that those in social service agencies will be able to implement our data into effective community programs.

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# JOB SERVICE FOR REFUGEES

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Throughout the more and more numerous publications one sees about the best ways to resettle refugees, jobs as a first priority are more frequently mentioned. Not only is the importance of jobs mentioned, but one can find complete descriptions of how to develop jobs and how to place refugees in those jobs.

But very seldom does one see a specific reference to the Job Service agencies as participants in the job seeking activities by and for refugees. And yet Job Service is this nation's major labor exchange.

We talk constantly about "services" for refugees -- and yet we do not solicit the assistance of the public agency which has the word service in its very title: Job Service.

Think how differently the resettlement of refugees might be viewed in this country today if the Job Service agencies had been involved from the early days of the Indochinese resettlement, beginning in 1975. Perhaps the public would now see the refugees as contributing members of this society -- as taxpayers and consumers -- as a vital part of the economy of this nation -- instead of thinking of them as a drain on our economy through their use of the welfare system.

I think I know why the Employment and Training Administration (ETA) of the U.S. Department of Labor (DOL) was not involved. My suspicion is that too many people made the assumption that there would be criticism from organized labor that this government was importing people who would take jobs away from Americans. This, despite the fact that the AFL/CIO has actively supported refugee resettlement in the U.S. and in 1979 petitioned President Carter to increase the number of those granted entry into our country.

Those whose business it was to activite this country to receive refugees felt it was wiser to perform the resettlement activities "quietly", without full public knowledge of what was taking place. That explains the almost total use of agencies outside government to bring about the resettlement -- because it would not attract so much public attention. Many people pay little attention, after all, to what the churches are doing.

How much better it would have been if they had approached the task from the opposite end -- by being as public as possible. That would have brought about a good deal of public education as well as the mobilization of as many public sector agencies as possible to work alongside the private sector. Think of what it might have meant today if the flow of refugees into the states had been planned in conjunction with the National Governors' Association, the associations of the mayors and the counties, and the public agencies which provide the services.

Think what might have been the case today if every public service agency had been assigned to perform their normal roles, with a new emphasis added -- that of serving refugees. Just think what might have existed today if the flow of refugees had been planned to meet the projected manpower needs, with fewer being sent to areas of highest unemployment or with local economically depressed situations, and more being resettled where there was an abundance of jobs.

As it was, though, only certain groups were asked to concern themselves with refugees. The result has been, of course, thousands of cases of duplication of services as those groups began developing their own programs to deliver services which already existed across the country.

The best example of duplication of services, of course, is the United States Employment Service -- Job Service.

In Iowa, Job Service has had a role since the beginning. I will describe this role today -- not to say that things are better in Iowa, because they are just as tough -- but to give you more information about Job Service in relation to refugees -- and to hope you will utilize within your own state's system as much as you can get from your own Job Service.

It does not seem to be common knowledge, but the Department of Labor, through ETA, has mandated that all states shall serve refugees on a priority basis. In State Agency Issuance 142-80, dated April 8, 1980, the Employment and Training Administration said services will be provided to refugees within existing resources. If you feel your Job Service agency has not done this, just ask them to read State Agency Issuance 142-80.

That SAI says that state agencies are to "establish contacts with other agencies, public and private" and "lead in the coordination of employment and training activity in all local areas/states where there are significant numbers of refugees (1,000 or more)".

Last year Job Service of Iowa placed 43% of all refugees who registered for work (509 out of 1193). This was with a staff of seven paid positions and one assigned individual in each of our 83 offices or sites.

Paid positions are provided through a subcontract from the Iowa Refugee Service Center using HHS funds. These paid positions provide full time job placement services in the areas of the highest refugee population. All job placement for the refugee population in Iowa is considered to be the responsibility of Job Service of Iowa. This contractual procedure has been in existence since 1976. Our program is due primarily to the commitment of the Governor's office and the resulting coordination of various state agencies. Coordination was initially centered in the Governor's Task Force for Indochinese Refugee Resettlement. This group was formed in 1975 for six months. I was appointed to head up this task force. I used the mandate given by Governor Ray to link my agency and other state agencies together to meet the needs of the refugees in Iowa. As you know, the original task force in Iowa grew beyond its six-month time frame into a separate operation -- the Iowa Refugee Service Center. It is attached to Job Service and I head both the Refugee Center and Job Service of Iowa.

The philosophy of the State of Iowa is that full employment of refugees is the ultimate goal we wish to achieve. Employment aids the economy of the state, joins the refugee with the existing population and gives the refugees the benefits of self-sufficiency as well as personal dignity and the power to control their own lives. All our efforts are directed toward the goal of an employed refugee population. This accepted goal makes Job Service of Iowa the key factor in terms of success. Job Service is responsible for all placement activity and has taken a major role in outreach for all the refugees.

The first function of Job Service is locating refugees who need employment services or upgrading. Each office has an assigned staff person as a refugee contact. This person is responsible for any activity dealing with refugees in the office.

Priority for placement is given to those refugees who are receiving or are likely to receive public assistance. Job Service local offices are notified of those refugees who receive food stamps as a part of normal operating procedure. We are required to register them for work and perform placement services. The second source for finding the refugees is the computer printout supplied from the Iowa Department of Social Services. This monthly listing gives the names and addresses of all refugees in the state receiving any form of public assistance. A notification of all refugees resettled by the Refugee Center -- as well as those resettled by other voluntary agencies -- is also mailed to each local office prior to the refugees' arrival in this country. This procedure allows the local office representative to contact sponsors and employers to begin arranging employment for the refugee even before they arrive.

The primary function for each Job Service Refugee Specialist is, of course, to find jobs for refugees. This part of the service is handled on a local level to meet each community's individual needs. Many of our specialist staff are members of local or area committees dealing with refugee concerns. These committees deal with refugee matters in ways which will help the community's genuine concern for the long-term benefit of the refugees. These committees are also excellent resources for employment of refugees. People who are members of the committees are sympathetic toward the newcomers and often have resources which allow them to tap the employment market.

Job Service has a forty-year background in employer services and finding jobs for people. Their network is extensive, and they are able to tap the large resource for a small proportion of the population. It is difficult to imagine any other source trying to duplicate this network in an economical fashion.

Our Job Service paid positions -- the ones funded with HHS money -- have permitted us the extra emphasis on refugees. The first contract for special funding paid for three positions. Of course we didn't have as many refugees back in 1976 and this funding level was enough to pay for priority services within Job Service. That contract now pays for ten people and includes travel, per diem, and two staff members to work with the refugee component at the Denison, Iowa, Job Corps Center. The Denison staff provides employment related and ESL services to the 50 refugee youth enrolled at the Center.

But in addition to those paid positions every one of our offices across Iowa has an assigned person to act as a local resource person for refugees. They have been given basic information to allow them to answer questions and they have immediate contact with the Iowa Refugee Service Center by toll-free telephone if they need to refer more detailed questions or non-job related problems to the bilingual staff at the Refugee Center.

The key to any success of this type is, of course, coordination. The Iowa state agencies have tied their services together to achieve a balanced effort to meet the needs of the refugee population.

Duplication is avoided at all levels so as not to strain the limited financial resources. We believe this intensive networking and coordination brings more for the dollar.

We know it brings a better brand of service to the refugees. Because of this networking, our bilingual outreach workers at the Refugee Center are now serving refugees across Iowa at the projected rate of over 17,000 contacts this fiscal year. And this does not include the contacts made by others on the staff. Nor does it include the contacts made by our Job Service personnnel. With the 83 point-of-contact locations, and with the mandate that the Job Service staff perform certain types of outreach at each of those sites, there is hardly a refugee in Iowa who hasn't had some kind of service. The key to that networking is Job Service. Because the contacts they make as part of their assigned tasks find and direct refugees to the Refugee Center, from where the case is served or the referral made to others. Each Job Service office works its list of refugees each month. They must make a personal contact -- either by phone or if they can't reach the refugee, then by letter -- and report to the administrative office the result of the contacts. They are making the contacts primarily to offer employment services, but they know what to do when they discover other types of problems.

So I urge you to contact the department head of the Job Service agency in your state. Sit down and talk to that person. Tell them what Job Service is doing elsewhere -- remind them of State Agency Issuance 142-80. With any degree of success at all, you will be extending your own services and finding jobs for many refugees at the same time.

# THE MIGRATION PROCESS:
# IMPACT ON INDOCHINESE FAMILIES IN THE U.S.

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With the possible exception of native Americans, United States citizens are the products of migrating populations from all parts of the world. Between 1975 and today, the largest group of migrants coming to the U.S. are the Indochinese refugees. As of March, 1981, some 475,480 Indochinese have settled in the U.S. (Office of Refugee Resettlement, 1981). The majority of these refugees are from Vietnam, although a small percentage come from Laos and Cambodia. This migrant population, coming to the U.S. in such a compressed period of time, has made a large impact on the American multicultural scene, and America has simultaneously impacted on the Indochinese refugee families. This paper focuses on the impact of migration upon Indochinese families as they assimilate into American community life. The purpose of this paper is to enhance service providers' understanding of their Indochinese clients.

The goal of refugee family services is to enhance the adaptation and assimilation process of Indochinese into American life. To help provide services that meet the needs of refugee families, therefore, it is important to understand that their unique problems are tied to the migration process. Several migration theories of refugee and immigrant adaptation are found in the literature. Five different theories are considered in this paper.

Kunz (1973) analyzes refugee movement commonalities to create a general theory of refugee migration. However, his theory is more a typology of refugees in the flight process than a delineation of a general migration developmental process. He delineates three types of refugee categories based upon the degree of push and preparedness refugees experience. Kunz' theory uses the pre-flight characteristics of the refugee (gender,age, educational background, resources and assimilation potential) to give service providers predictive power as to the kinds of services a refugee population might need at the initial stage of resettlement into the U.S. While valuable, this does not help us understand the migration process. It does point to the importance of the pre-flight stage for predicting successful adaptation (See Table I).

Goldlust and Richmond (1974) offer a multivariate model of immigrant adaptation, which Piarowiz (1979) adapts to the Indochinese refugee process. This model takes into account the pre-migration characteristics and conditions of the refugees (like Kunz' theory) and adds the situational determinants in the receiving society to predict mutal adaptation. This theory alerts service providers to the importance of considering the community resources and climate of acceptance facing the refugees as they formulate resettlement service plans.

Montero (1979) provides a descriptive model called Spontaneous International Migration (S.I.M.) which looks directly at the Vietnamese pattern of resettlement as a series of recognizable stages from "homeland" to "final assimilation" (see Table I). This model is based upon 5 telephone surveys with selected Vietnamese families between July 1975 and August 1977. Montero predicts a rapid movement through each stage.

Adler (1979) also describes stages of the adjustment process based upon Maslow's need hierarchy (1970). In the first stage, refugees are pushed into satisfying basic physiological and saftey needs. In stage II, social needs come to dominate. In stage III, the need for self esteem (shown through job satisfaction and majority community recognition) takes primary importance. The final stage of the adjustment process is reached when self-actualization is addressed (striving for full realization of personal uniqueness and potential).

Sluzki (1979) looks at the migration process as occurring in 5 specific stages. In stage I, the "preparatory stage," families make their decision to migrate. Stage II, "the act of migration," varies greatly and often leads to the establishment of strong alliances among people exposed to the same experiences. Stage III, "the period of over-compensation," requires that families develop new adaptive skills for dealing with their new culture. Often families in this stage must focus their attention on the essentials of life, avoiding the broader implications of life in the new culture. Stage IV, "the period of decompensation," is filled with conflicts, symptoms and difficulties as the family engages more fully into the new culture. Families often need special services to settle family crises in this stage. Stage V, "the transgenerational impact," looks at families in the assimilation and adjustment process.

While all the above theories make valuable contributions, Adler and Sluzki offer service providers important insights as to the needs migrating families in the process of assimilation. Table I looks at these 5 theories within a 5 stage migration model. Each theory contributes important knowledge to potential service providers since, regardless of their origins and backgrounds, all refugees have faced the process of cultural uprooting, migration and family conflict. These theories integrated into a developmental migration model enhance service providers' understanding of the Indochinese refugee resettlement process.

## STAGE I: PRE-FLIGHT

The time Indochinese families have had to consider and prepare for leaving their homelands has varied widely. Some had to make their decision within a few hours, others planned their migration for months before risking the move. Few Indochinese families had the luxury of being anticipatory refugees able to prepare and come with economic resources to help in their resettlement into American culture. Although

# TABLE I

## MIGRATION MODEL

| MIGRATION THEORIES | MIGRATION STAGES | | | | |
|---|---|---|---|---|---|
| | I<br>PRE FLIGHT | II<br>FLIGHT PROCESS | III<br>INITIAL ENTRY | IV<br>SETTLING IN | V<br>ADJUSTMENT |
| Kunz (73)<br>Kinetic Model | 1. Anticipatory Refugee<br>2. Intermediate Refugees<br>3. Acute Refugee → | → | → | → | Adjustment Characteristic |
| Goldlust & Richmond (74)<br>Pierowiz (79)<br>Multi Variate Model | Pre Migration Characteristics | + | Situational Determinents in Receiving Community → | Mutual Adaptation → | New Social Patterns |
| Montero (79)<br>Spontaneous International Migration (SIM) | The Homeland → | Temporary Camps → | Private Sponsorship → | Ethnic Enclaves → | Assimilation |
| Adler (79)<br>Maslow (70)<br>Immigrant Adjustment | | | Physiological and Security Needs → | Social and Esteem Needs → | Self Actualization |
| Sluzki (79)<br>Migration Process | Pre-Paratory Stage → | Act of Migration → | Period of Over Compensation → | Period of Decompensation or Crisis → | Trans-Generational Impact |

some were at Kunz' "intermediate stage," most Indochinese families are in some phase of the acute refugee process. The migrants in the first wave fled just ahead of the oncoming Communist forces. Later refugee waves included thousands of Chinese/Vietnamese who were forced to leave their homes because of political and economic pressures.

Whatever the motives or social forces causing the decision to migrate, few Indochinese were able to bring many possessions. Most left extended kin groups and worldly possessions behind. Family members have had to develop new roles in this stage. Some of these roles break down the harmony of established extended family patterns. For example, many children influenced their parents to leave the homeland. These children, with their better English language fluency and U.S. contacts, took the lead in the decision to migrate and the formulation of exit plans. Table II looks at the factors impacting on Stage I migrating families.

## STAGE II: FLIGHT PROCESS

This stage has no prescribed rituals. If protracted (such as in the case of temporary settlement camps) families may establish strong alliances to the people exposed to the same experiences (e.g. interim camp marriages). Families sharing this process often build strong networks that carry on after the migration process has ended and at times these networks influence final settlement decisions. The trauma experienced during this stage will impact on the mental health and resettlement adjustment of Indochinese families (See Table II). Some Indochinese families experienced starvation, death of family members, loss of friends, possessions and health in addition to the loss of their homeland.

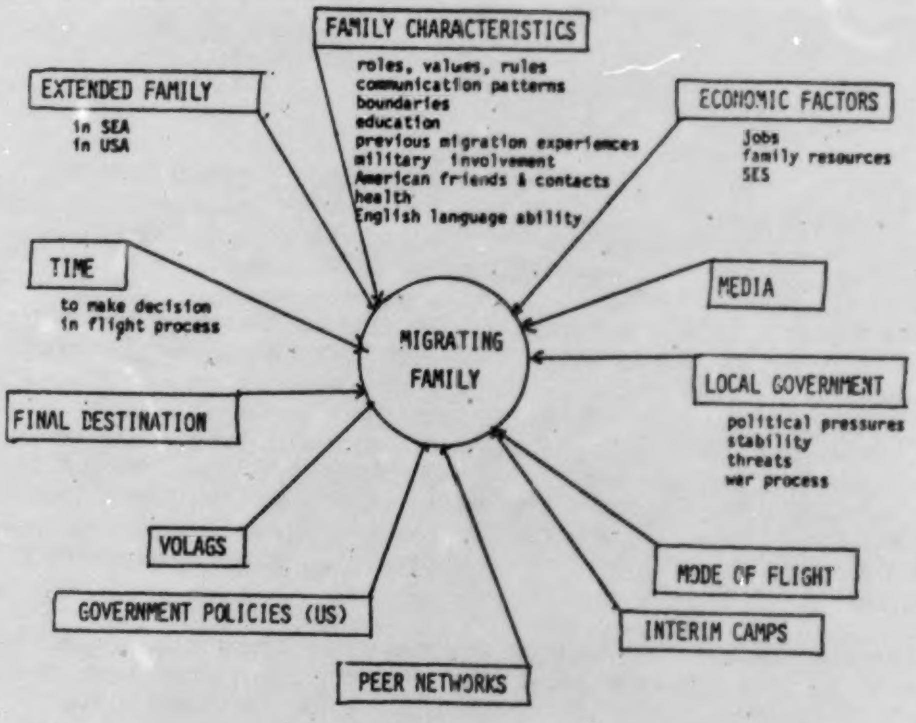
Regulatory government policies directly affect families in the first and second stages of migration and indirectly affect those in the third and fourth stages by limiting the numbers of refugees allowed into the U.S. at any one time and by defining characteristics of refugees acceptable for U.S. immigration. The rate of refugee migration is affected by the availability of sponsors, by the health and occupations of the potential U.S. refugees and by the presence of Indochinese relatives already located in the U.S. These policy characteristics often cause long delays which impact on the mental and physical health of refugee families awaiting migration and/or those families waiting for relatives and friends to join them.

## STAGE III: INITIAL ENTRY

Stage three requires that the family develop new adaptive mechanisms enabling them to deal with a new language, job and family lifestyle. During this stage, the first priority is one of sheer survival and the satisfaction of basic needs. Conflicts and symptoms tend to remain dormant, and family rules, regulations and styles tend to appear slightly exaggerated. Many individuals within the family have so narrow a focus of attention on life essentials that the broader implications of life in the new culture aren't in focus or even recognized fully for some time. Indochinese families

# TABLE II

## FACTORS IMPACTING ON MIGRATING FAMILIES:
STAGE I PRE-FLIGHT
STAGE II FLIGHT


FAMILY CHARACTERISTICS
roles, values, rules
communication patterns
boundaries
education
previous migration experiences
military involvement
American friends & contacts
health
English language ability
EXTENDED FAMILY
in SEA
in USA
ECONOMIC FACTORS
jobs
family resources
SES
TIME
to make decision
in flight process
MEDIA
MIGRATING
FAMILY
LOCAL GOVERNMENT
political pressures
stability
threats
war process
FINAL DESTINATION
VOLAGS
MODE OF FLIGHT
GOVERNMENT POLICIES (US)
INTERIM CAMPS
PEER NETWORKS

often cling to their old norms during this stage and do not actively engage with the new environment beyond the necessary survival level. Ethnic group networks are very important to families in this stage (See Table III).

Once Indochinese refugees, relocated in the U.S., have started their initial entry process, the regulatory policies of the government, implemented through resettlement agencies (VOLAGS), sponsors and local agencies, impact on the family's relocation, initial finances, housing, job search, education and training possibilities, language training and health services. The goal of the agencies and sponsors is to help the refugees settle into American life as quickly as possible. Emphasis at this time is not on giving the refugee family many CHOICES of services and job possibilities, but rather on getting them jobs and providing them with the immediate essentials for daily life. As a result, skilled workers and professionals often end up in emotionally unsatisfying unskilled jobs. They are often separated from friends and relatives living elsewhere in the U.S. Levels of dissatisfaction in climate, job and family areas frequently become apparent at the end of this stage.

## STAGE IV: SETTLING IN

After basic family needs have been satisfied and the refugees begin to engage more fully in the new cultural milieu, many families need help in reshaping their new reality, maximizing the family continuity in identity and compatibility with the new environment. The task of achieving a balance is often difficult, painful, complex and UNAVOIDABLE. Children are often the generators of this conflict as they highlight clashes of language, education, values and roles in their differential adaptation to the new culture. Parents are often forced to rely on their children's English language skills and American cultural knowledge which places them in uncomfortable, nontraditional roles. Families emerge from this process with differing outcomes. Some families gain new individual and collective strengths; other families may become splintered into factions. Some escape into the new culture, while others idealize the old culture and live for the day they will return to their country of origin.

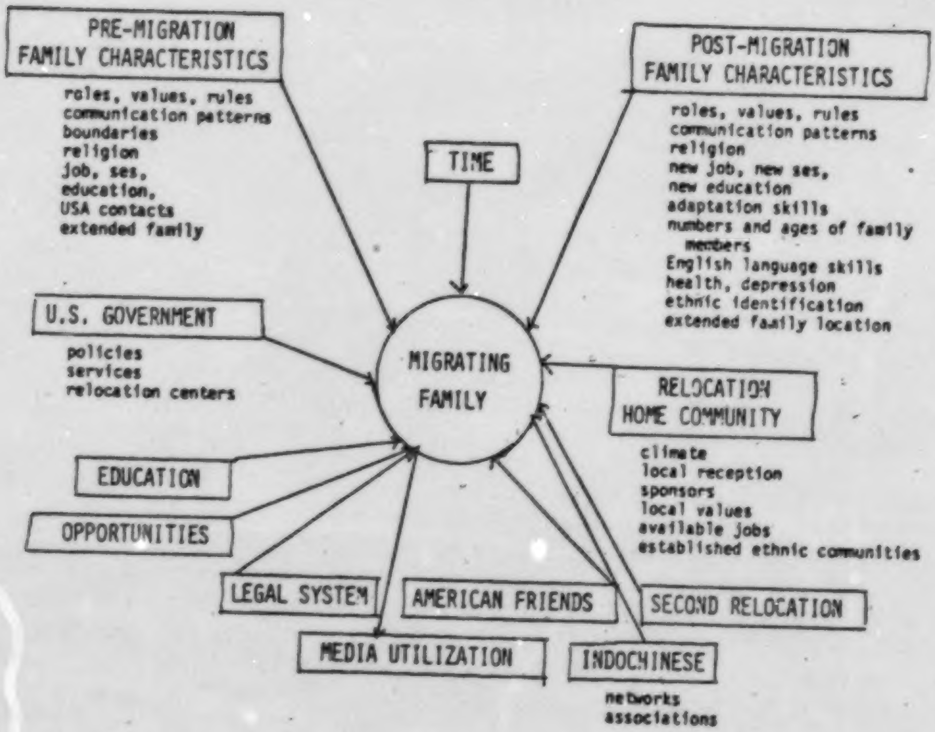
Families in the 4th stage of the migration process have greater access to support services and a wider variety of options open to them. Despite the policy of dispersing the Indochinese refugees evenly throughout the U.S., by 1979, the tendency of Indochinese families to relocate in certain areas had become apparent. California has nearly one third of all Indochinese refugees followed by Texas with over 10%. Approximately 35% of the Indochinese refugees are concentrated in 17 states with the remaining 13% scattered throughout 28 states and U.S. territories (Gordon, 1980). Secondary relocation takes place for reasons of climate, job opportunities, family and friend reunification, existing Asian populations and local attitudes toward minorities (Proceedings of the First Annual Conference on Indochinese Refugees, 1979). This migration has caused confusion and problems for local service providers, but has enhanced the emotional and economic stability for the refugee families.

## TABLE III

FACTORS IMPACTING ON MIGRATING FAMILIES:

STAGE III INITIAL ENTRY

STAGE IV SETTLING IN


PRE-MIGRATION FAMILY CHARACTERISTICS
roles, values, rules
communication patterns
boundaries
religion
job, ses,
education,
USA contacts
extended family
TIME
POST-MIGRATION FAMILY CHARACTERISTICS
roles, values, rules
communication patterns
religion
new job, new ses,
new education
adaptation skills
numbers and ages of family members
English language skills
health, depression
ethnic identification
extended family location
U.S. GOVERNMENT
policies
services
relocation centers
MIGRATING FAMILY
RELOCATION HOME COMMUNITY
climate
local reception
sponsors
local values
available jobs
established ethnic communities
EDUCATION
OPPORTUNITIES
LEGAL SYSTEM
AMERICAN FRIENDS
SECOND RELOCATION
MEDIA UTILIZATION
INDOCHINESE
networks
associations

Often government supported programs, although available on the books, are under utilized (Sedanko, 1978). Indochinese family and ethnic networks are preferred avenues of obtaining help. Ethnic organizations and associations are being established throughout the U.S. for self-help, religious, political, professional and student purposes. These organizations provide Indochinese refugees with a sense of cultural identity and greater service accessibility, Some of these organizations are now in competition with local service agencies for federal funding available to provide services to newly arriving refugees. As the ethnic professional services become available, the urge to relocate should diminish. (See Table III for factors impacting on stage IV migrating families.)

## STAGE V: ADJUSTMENT

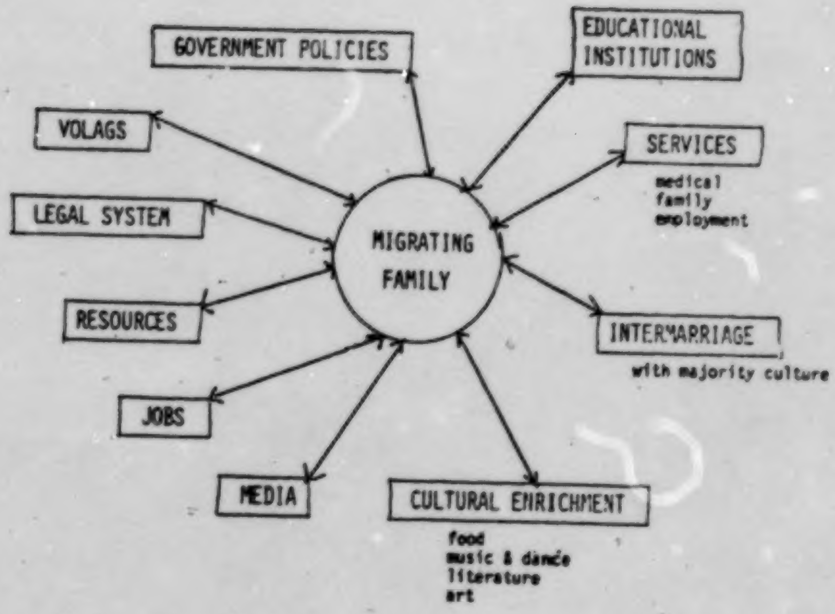
Indochinese refugee resettlement impacts on American communities and professionals in many ways. Competition for jobs and housing and services between Indochinese refugees and other ethnic minorities has occurred in several U.S. communities (Proceedings of the First Annual Conference on Indochinese refugees, 1980). Refugee relocation and settlement has created many new jobs for Americans and refugees. Government funded research projects conserning Indochinese families have provided many professionals and researchers with funding, publication possibilities and opportunities for career building. Indochinese service and education professionals are critical of the implicit Federal, State and local policies which have restricted the number of Indochinese professionals participating or represented in the decision making process and sharing of responsibilities at top level decisions concerning Indochinese resettlement (Thuy, 1980). This type of confrontation is healthy and suggests that the adjustment stage has been successfully reached by some Indochinese. (See Table IV).

Families striving for cybernetic balance through the five stages of the migration process have differing degrees of "success". Each family must create its own unique coping patterns and new lifestyle. The time required for adjustment may take more than one generation. As the Indochinese change and adapt their ways to new patterns of living, so do the communities in which they live change due to the impact of these "new Americans." The major institutions at the local and national level are impacted by each new group migrating to the U.S. The media, government policies, resources, education systems, food patterns, cultural patterns and marriage patterns are just a few of the systems that will be changed and enhanced by the Indochinese migration to the U.S.

# TABLE IV

## STAGE V ADJUSTMENT

## MIGRATING FAMILIES AND INSTITUTIONS CO-IMPACT


GOVERNMENT POLICIES
EDUCATIONAL INSTITUTIONS
VOLAGS
SERVICES
medical
family
employment
LEGAL SYSTEM
MIGRATING FAMILY
RESOURCES
INTERMARRIAGE
with majority culture
JOBS
MEDIA
CULTURAL ENRICHMENT
food
music & dance
literature
art

CONCLUSION:

Service providers, with the aid of a migration stage perspective, should be in a better position to evaluate the needs and strengths of the refugee families they serve. Knowledge of how the pre-flight, flight, intial entry, settling in and adjustment stages directly affect migrating families should speed up the helping process and enable service providers to anticipate future problems and needs. (See the appendix of this paper for an evaluation tool designad by the author to highlig important concerns and information about Indochinese families.) It is the opinion of this author that a healthy respect for the resourcefulness and coping strategies exhibited by Indochinese families at each stage of the migration processes in order. We "older" Americans can learn much through interaction with the Indochinese Americans. American culture continues to be enriched and challenged by migrating families.

# APPENDIX

## EVALUATION TOOL OF INDOCHINESE REFUGEE SERVICE NEEDS

Sare N. Brown, M.S.W. (1981)

+++++ Tension Producing to Family
——Strength to Family
- - -Tenuous Relationship

### PRE MIGRATION CHARACTERISTICS

SES 1 2 3 4 5 6 7
lo md hi

Religion ________

Jobs ________

Education ________

English Proficiency/ 0 1 2 3 4 5 6 7
no lo md hi

Extended Family Ties 0 1 2 3 4 5 6 7
no lo md hi

Reason for Leaving:

### HOST COMMUNITY CHARACTERISTICS

Climate ________

Rural or Urban? ________

Unemployment Rate ________ (Lo Md Hi)

Other Minority Groups? ________

Job Potential - ________

Education Facilities 1 2 3 4 5 6 7
Poor Excellent

Attitudes Toward Indochinese:
Non Welcome 1 2 3 4 5 6 7 Welcome

Presence of Indochinese Community:
0 1 2 3 4 5 6 7
None Some Large Established

### MIGRATION PROCESS

Date Left Homeland ________

Date Arrived USA ________

Method of Migration ________

Time in Camps ________

Number of Camps ________

Location of Camps ________

Health in Process 1 2 3 4 5 6 7
Poor OK Excellent

Trauma of Exit 0 1 2 3 4 5 6 7
VB NTB MD SOME NONE

### DIAGRAM OF FAMILY: Give Ages, Sex & Initials

### SERVICE AGENCY INTERACTION:

VOLOG ________ CETA ________

ENGLISH CLASS ________ VO TECH ________

HEALTH SERVICES ________

PUBLIC SCHOOLS ________

DHS SERVICES ________

ETHNIC SERVICE AGENCY ________

PRIVATE SERVICE AGENCY ________

LEGAL SYSTEM ________

OTHER

### EXTENDED FAMILY CHARACTERISTICS

Still in Homeland: None Some Many

In Process or Migration:

Relocated ________ Where:

With Family Unit:

Deceased: ________

________

### CURRENT FAMILY CHARACTERISTICS

SES 1 2 3 4 5 6 7
low md hi

Religion ________

Jobs: Wife ________ Husband ________
Children ________

English Proficiency:
0 1 2 3 4 5 6 7
none some excellent

HEALTH:

Physical 0 1 2 3 4 5 6 7
Poor OK Excellent

Mental 0 1 2 3 4 5 6 7
Poor OK Excellent

Housing: 0 1 2 3 4 5 6 7
Poor OK Excellent

Transportation 0 1 2 3 4 5 6 7
Poor OK Excellent

Recreation: ________

Media Utilization: TV ________
Newspapers, U.S./Indochinese ________

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# NEBRASKA INDOCHINESE REFUGEE NEEDS ASSESSMENT

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"Nebraska, the Good Life" is a motto used to describe living in this midwestern State. Individuals from various places frequently possess similar feelings about areas of the country in which they reside. But what about the Indochinese refugees? What thoughts, feelings and experiences are harbored by them as persons in a strange land with new friends, different housing, unfamiliar foods, clothing, customs and laws.

Refugees face many problems when entering a new land not the least of which is starting over anew. Communication problems, different cultural practices and values come as a tremendous shock to the refugees. The culture shock does not leave those from Indochina in several months but continues to be a problem over a matter of years.

Have the 2,000 refugees in Nebraska been able to experience 'the Good Life' or has their new life been beset with major difficulties with which they are unable to deal? What must take place for the refugee to truly feel that this country or this state affords 'the Good Life' for them? Do such factors as length of time in the U.S., education and income level, or ethnicity, occupation, age, or place of residence play a role in attaining 'the Good Life' in Nebraska?

Although some Nebraska residents have gained knowledge about the refugees' situations and their needs from practical experience, this knowledge has been fragmented and piecemeal. The refugees themselves have provided yet another perspective on their needs. However, comprehensive empirical information has been lacking concerning refugees throughout the State. In order to provide refugees and other interested groups with more detailed empirical knowledge concerning the questions raised, the Nebraska Indochinese Refugee Needs Assessment was under taken. This was one project of a grant entitled, Families in Transition: A Home Economics Project to Help Indochinese Refugees. The grant was administered through the college of Home Economics and was funded by the Nebraska Coordinating Commission for Post Secondary Education.

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[1] Support for the needs assessment was provided by a grant from the Nebraska Commission for Post-Secondary Education (HEW Title I)

## METHODOLOGY

Faculty members from Home Economics and Social Work along with representatives from agencies working with refugees developed the questionnaire used in the research project. The Nebraska Indochinese Refugee Needs Assessment contained 148 items constructed to address nine major categories of inquiry: socio-demographic characteristics; housing; employment; family; health; education; community, and social environment sponsorship; nutrition; and information. The instrument included both forced-choice questions and open-ended ones. The open-ended questions were chosen in order to allow for more freedom in answering questions and hopefully to provide a broader base of knowledge. All sections except for the first and the last followed the same item construction and response format to minimize confusion. The questionnaire was designed and revised several times.

After the questionnaire was finished it was translated into Vietnamese, Laotian, Hmong, and Cambodian. The Laotian, Hmong and Vietnamese translations were each done by one person representing that language group. Once the translations were completed, they were given to a second person representing the language group who reviewed the work and made corrections after consultation with the original translator. For a variety of reasons, the Cambodian translation proceeded differently. Two Cambodians working together translated the questionnaire into their native language. Prior to the translations, meetings were held with each translator in which the individual items of the questionnaire were reviewed and explained for their intent and meaning. Translation was not literal but rather was done in a manner that was consistent with the intent and meaning underlying the items. Following several training sessions, the interviewers administered the questionnaire to several adults in their respective ethnic groups to determine the length of the interview, problems with the interview design, and question construction.

A comprehensive list of names, addresses and telephone numbers was compiled from lists provided by several voluntary agencies and a census of refugees completed by the Indochinese-American Association. In addition, refugees working for the Grant added missing names. Names to be interviewed were selected at random from this list. A letter of introduction was sent to each randomly selected family, followed by a telephone call asking permission to do an in-person interview. The interview was conducted with the head of household when possible. All interviews completed in Lincoln and Omaha were done in the refugee's home with the interviewer verbally stating the questions.

Surveys outside the two metropolitan areas were completed with a combination of in-person and telephone interviews. This variation in data collection was necessary due to the large geographical area of the State and the refugee mobility and isolation in outlying areas. Interviews out-state were done in Aurora, Beatrice, Benkelman, Carelton, Cozad, Fremont, Grand Island, Humbolt, Kearney, McCook, Rushville, Snyder, Wakefield and West Point.

Participation rates were high. Ninety-four percent of those refugees contacted agreed to be interviewed. A total of 115 households completed the survey. This included 49 Vietnamese, 19 Chinese-Vietnamese, 24 Hmong, 11 Lao, and 12 Cambodian households. A total of 586 people lived in these households.

## STATISTICAL ANALYSIS

Demographic data were analyzed by frequency counts to construct a profile of Nebraska's Indochinese Refugees. Frequencies were tabulated for the total group as well as the five ethnic groups, including: Vietnamese, Chinese-Vietnamese, Laotian, Lao-Hmong, and Cambodian.

Selected survey questions, both open-ended and forced-choice were analyzed by frequency counts for the total group and each ethnic group to develop a composite picture of Indochinse refugee needs in Nebraska.

Chi-square was used to determine whether a systematic relationship existed between two variables, whether the variables were independent or related. Specifically, the independent variables of ethnicity, urban or rural, income level, age, occupation, education, and length of time lived in the United States by the head of household were analyzed for significant relationships to areas of need such as employment, housing, social environment, family, financial management, nutrition, health, and clothing. The .05 level of significance was selected as an appropriate level for the analysis used throughout the study. Correlation analysis was used to determine the extent to which variation in one variable was linked to variation in the other. Pearson's r was squared to determine the strength of the relationship, the proportion of the total variation in one variable that was explained by another.

## POPULATION CHARACTERISTICS

This section provides demographic information concerning the Indochinese population in the State of Nebraska. The data was compiled from November 15, 1980, through February 15, 1981. The information was based largely on in-person interviews with 115 heads of households representing 582 persons. The transient nature of the refugee population and the lack of reliable statistics concerning refugees in the areas of the State outside of Lincoln and Omaha made it difficult to assess the number of refugees in the State. However, based on information in the October 31, 1980, Refugee Reports there were 1,991 refugees in Nebraska. In the compilation of names there was no reason to doubt the figures. Using this figure the survey gathered information on 30% of the refugees in the State.

## Distribution Patterns

Based on the information available, approximately 35% of the State's refugees live in Lincoln, 45% in Omaha and 20% in other areas of the State. The sample included 54% from Omaha, 30% from Lincoln and 17% from out-state. Omaha's percentage of the total was higher because of a need to adequately represent the Cambodian, Laotian, and Hmong groups because of their smaller numbers. All three groups have communities in Omaha. Lincoln's refugee population is almost exclusively Vietnamese and Chinese-Vietnamese. The sample included the following distribution patterns by ethnic group: Vietnamese, 43%; Chinese-Vietnamese, 17%; Hmong, 21%; Cambodian, 10%; and Lao, 10%.

## Household Size

The average household size for all refugees was 5.6. This ranged from 6.9 for the Lao to 3.8 for the Vietnamese. One factor contributing to the lower Vietnamese household size was that seven of the nine one-person households in the sample were Vietnamese.

TABLE 1 HOUSEHOLD SIZE

| | Hmong | Lao | Cambodian | Vietnamese | Chinese Vietnamese |
|---|---|---|---|---|---|
| Households | 24 | 11 | 12 | 49 | 19 |
| Persons | 118 | 76 | 79 | 188 | 121 |
| Average | 4.9 | 6.9 | 6.6 | 3.8 | 6.3 |

## Gender

Males represented 55% of all persons in the refugee households surveyed. The male-female ratio was most unequal among the Hmong and the Lao. For the Cambodians the ratio was equal. This unequal sex ratio was particularly noticeable among the Hmong aged 16-25 with 66% male and among the Vietnamese aged 21-30 with 60% male.

## Age

The average age among all refugees was relatively young, ranging from 19.6 for the Lao to 21.7 for the Vietnamese. The other ethnic groups were very close in average age to the Lao. Complete information on age follows.

TABLE 2 AGE DISTRIBUTION

| | Hmong | Lao | Cambodian | Vietnamese | Chinese Vietnamese |
|---|---|---|---|---|---|
| | n % | n % | n % | n % | n % |
| 10 or lower | 33 (29.5) | 22 (28.9) | 27 (37.5) | 52 (28.9) | 31 (25.6) |
| 11 - 20 | 34 (30.3) | 31 (40.8) | 13 (18.1) | 39 (21.7) | 42 (34.7) |
| 21 - 30 | 20 (17.6) | 9 (11.8) | 13 (18.1) | 44 (24.4) | 21 (17.4) |
| 31 - 40 | 13 (11.6) | 7 ( 9.2) | 9 (12.5) | 25 (13.9) | 10 ( 8.3) |
| 41 - 50 | 2 ( 1.7) | 7 ( 9.2) | 5 ( 6.9) | 9 ( 5.0) | 14 (11.6) |
| 51 - 60 | 5 ( 4.5) | - ( - ) | 3 ( 4.2) | 8 ( 4.4) | 2 ( 1.7) |
| 60 or over | 5 ( 4.5) | - ( - ) | 2 ( 2.8) | 3 ( 1.7) | 1 ( 0.8) |
| Average Age | 19.7 | 19.6 | 20.1 | 21.7 | 19.9 |

## Length of Residence in the United States

Although a wide variation existed between ethnic groups, the majority of the heads of households had lived in the United States between four and six years. Three quarters of the Vietnamese had been in this country between four and six years. Forty-two percent of the Cambodians and the Hmong had been here for that length of time. No Laotians and few Chinese-Vietnamese had been here between 4 and 6 years. On the other hand, only 2% of the Vietnamese had been in the country less than one year compared to 73% of the Lao. some households did have members who had lived here a shorter period of time than did the head of the household. Below is found a table on the length of residence of each household head.

TABLE 3 LENGTH OF TIME IN THE UNITED STATES

| | Hmong | Lao | Cambodian | Vietnamese | Chinese Vietnamese |
|---|---|---|---|---|---|
| Less than 1 year | 21% | 73% | 25% | 2% | 47% |
| 1 - 3 years | 38% | 27% | 25% | 18% | 42% |
| 4 - 6 years | 42% | -- | 42% | 76% | 11% |

## Education Level

Educational level varied greatly among the ethnic groups. For all adults over the age of 20, the Hmong and Lao reported the highest percentage of no formal education, 53% and 50% respectively. Twenty-nine percent of the Cambodians had no formal education compared to 5% of the Vietnamese and the Chinese-Vietnamese. Heads of households (generally men) reported higher levels of education than adults in general. The Vietnamese were the highest educated group with over 36% having attended college.

TABLE 4 EDUCATION LEVEL FOR ADULTS OVER 20

| | Hmong | Lao | Cambodian | Vietnamese | Chinese Vietnamese |
|---|---|---|---|---|---|
| | n % | n % | n % | n % | n % |
| No Education | 24 (53.3) | 12 (50.0) | 6 (27.3) | 5 ( 5.1) | 2 ( 4.7) |
| Grade School or less | 7 ( 8.9) | 7 (29.2) | 11 (50.0) | 20 (20.4) | 30 (70.0) |
| High School or less | 11 (24.4) | 4 (16.7) | 4 (18.2) | 38 (38.8) | 9 (21.0) |
| College or less | 7 (15.6) | 1 ( 4.2) | 1 ( 4.5) | 35 (35.7) | 2 ( 4.7) |

## Employment

Percentages of heads of household respondents in the various occupational categories, both current and those of country of origin that made up the employment profile are reported in Table 5.

TABLE 5 EMPLOYMENT

| | Percent | |
|---|---|---|
| | In U.S.A. | Country of Origin |
| Operatives | 21 | --- |
| Laborers | 19 | --- |
| Students | 15 | 23 |
| Professional/Technical | 14 | 9 |
| Managerial | --- | 8 |
| Farm Workers | --- | 8 |
| Craftsmen/Foremen | 5 | 4 |
| Service | 4 | 40 |
| Household Workers | 4 | 4 |
| Unemployed | 21 | 2 |

## Income

Economic indicators in this study were monthly take-home income, income sources and fringe benefits. The percent of respondents in the various income categories is provided in Table 6.

TABLE 6 TAKE HOME INCOME PER MONTH
(percent)

| | Vietnamese | Chinese Vietnamese | Cambodian | Lao | Hmong | Total |
|---|---|---|---|---|---|---|
| $200 or less | 4 | 5 | -- | 9 | 8 | 5 |
| $200 - 399 | 8 | 11 | 17 | 9 | 13 | 11 |
| $400 - 699 | 12 | 37 | 33 | 36 | 42 | 37 |
| $700 - 899 | 10 | 5 | 25 | 27 | 17 | 5 |
| $900 - 1099 | 8 | 21 | 25 | -- | 13 | 21 |
| $1100 - 1299 | 20 | 5 | -- | 9 | 4 | 5 |
| $1300 - 1499 | 2 | -- | -- | 9 | 4 | -- |
| $1500 - 1699 | 10 | 5 | -- | -- | -- | 5 |
| over $1700 | 20 | 5 | -- | -- | -- | 5 |

Thirty-one percent of the Vietnamese households had a higher monthly take-home income than any household in the Hmong, Lao, and Cambodian groups. A bell-shaped curve fairly well depicted the income structure for the total group. The number of persons employed per household was a factor contributing to income levels for the various groups. Table 7 depicts the number of adults employed in each household.

TABLE 7 NUMBER OF ADULTS WORKING PER HOUSEHOLD

| | Hmong | Lao | Cambodian | Vietnamese | Chinese Vietnamese |
|---|---|---|---|---|---|
| | n % | n % | n % | n % | n % |
| 0 | 11 (46.0) | 3 (27.3) | 3 (25.0) | 4 ( 8.2) | 3 (16.3) |
| 1 | 12 (50.0) | 5 (45.5) | 6 (50.0) | 25 (51.0) | 7 (36.8) |
| More | 1 ( 8.0) | 3 (27.3) | 3 (25.0) | 17 (34.7) | 6 (31.6) |
| Student | - ( - ) | - ( - ) | - ( - ) | 4 ( 8.2) | 3 (16.3) |

Analysis of sources of income contributed further to the economic profile of participants in the study. The percent of respondents indicating the various sources of income is provided in Table 8.

TABLE 8 SOURCES OF INCOME

| Sources | Percent |
|---|---|
| Employment | 75 |
| Vietnamese Relief | 90 |
| Food Stamps | 20 |
| Medicaid | 10 |
| Educational Loans | 99 |
| WIC Supplementary Food Program | 5 |
| Churches, Other Agencies Sponsors, Friends | 3 |

## Housing

No accurate needs assessment can be made without consideration of the housing situation. Type of residence, form of ownership, and monthly payment for housing were the factors used to construct the housing profile of respondents in this study. Housing information is provided in Table 9.

TABLE 9 HOUSING

| Type | Percent |
|---|---|
| Single-Family Dwelling | 56 |
| Apartment | 38 |
| **Ownership** | |
| Renting | 73 |
| Owning | 21 |
| **Monthly Payment** | |
| $200 or less | 44 |
| 200 - 400 | 50 |
| 400 or above | 5 |

The housing situation was further delineated by analyzing the ownership patterns of specific items. Percentages of ownership for selected items by all Refugees in the study are provided in Table 10.

TABLE 10 OWNERSHIP

| Item | Percent Owning |
|---|---|
| Refrigerator | 89 |
| Washing Machine | 45 |
| Television | 87 |
| Telephone | 91 |
| Radio | 72 |
| Stereo | 44 |

A similarity of ownership patterns existed for all ethnic groups on the above items. Availability of telephones revealed some differences between ethnic groups in that 80% of the Chinese-Vietnamese, and 90% of the Vietnamese and Camobdians had telephones compared to all of the Hmong and Lao households.

## RESULTS

All items in the results section were analyzed as to the following independent variables: education, length of time in the United States, occupation in the United States, ethnic group, income, age and urban vs. rural area.

## ECONOMIC ASSESSMENT

### Employment

Employment needs were assessed by perceptions about job satisfaction, unemployment or underemployment, lack of job training, and in-sufficient job skills. Length of residence and occupation were significantly related to no employment. Eighty percent of respondents living in the United States for less than one year reported this as a great problem. This percentage decreased to 17% after 4 years of residence. Thirty-two percent of variance on this item was measured by the length of residence.

Education likewise, was significantly related to the need for job training. As might be predicted, as educational level increased, need for job training decreased. Income, also, was indirectly related to the need for job training in that those with the highest income levels reported the least need for job training. Finally, ethnic group revealed a significant relationship to the need for job training. All of the Lao group perceived job training as very much of a problem, while all Chinese-Vietnamese perceived it as some or very much of a problem. Approximately one-half of both the Cambodian and Vietnamese perceived job training as some or a great problem.

Opportunity for open-ended response revealed that 52% of the total group indicated having difficulty with employment at the time of the survey. Language problems, job availability, and job skills were reported as difficulties by approximately one-fourth of the respondents.

### Income

Evidence of perceived income adequacy was analyzed by whether there was enough money to meet monthly expenses. Sixty-two percent responded positively to this question. As would be anticipated, a direct relationship existed between income and perceived income adequacy with a percentage range of 38% to 94% for those in the lowest and highest income categories, respectively. Eighty-three percent of the Vietnamese reported having enough money to meet monthly expenses compared to one-half of the Chinese-Vietnamese and Camobdians. Thirty-seven percent of the Lao reported income adequacy.

### Housing

Housing concerns assessed by forced choice questions encompassed factors such as neighborhood, cost, crowding, and condition. No significant statistical relationships existed on these items. Eighteen percent of the respondents indicated having current housing difficulties. The percentage of respondents reporting these problems are reported in the following table.

HOUSING PROBLEMS: 18%

| | |
|---|---|
| Cost | 41 |
| Condition | 29 |
| Crowding | 23 |
| Neighborhood | 19 |

## FINANCIAL MANAGEMENT

Assessing the level of need for various items related to family living and the desire for information or assistance was determined by analyzing 35 items in which the participant was asked to respond whether the need was great, some, or of no need. A 'do not know' category was included so a full range of responses was possible. Responses for great need and some need were combined and prioritized on these 35 items. The 15 highest ranking items were singled out for further analysis of which 9 were related to financial management and warranted further investigation. The respective items by rank and percentage of participants who desired increased information are found in Table 11.

TABLE 11 LEVEL OF NEED

| | Rank | % of Respondents |
|---|---|---|
| Paying Taxes | (2) | 77 |
| Purchasing Life Insurance | (4) | 50 |
| Buying a House | (5) | 50 |
| Using Credit | (6) | 50 |
| Purchasing Health Insurance | (7) | 49 |
| Buying a Car | (9) | 42 |
| Investing Money | (12) | 40 |
| Budgeting | (13) | 39 |
| Keeping Financial Records | (14) | 38 |

The item on paying taxes showed a significant relationship to time, education and age. Ninety-six percent of the refugees who had been here less than one year wanted additional information or assistance related to paying taxes. This decreased to 65% for those here between 4 and 6 years, thus reflecting a fairly high number desiring information even after a number of years in this country.

Education was indirectly related to the tax item in that as educational level increased, the percentage of respondents indicating a need in this area decreased. Age, likewise, was significantly related to the question about paying taxes. As age increased so did the expressed need for such information.

Concerning the purchase of live insurance, time was a significant factor. There was a sizable decrease in the desire for this information after 4 years or more of residence in this country. Time, as a measure of variance on this item, was 42% as determined by $r^2$. Education was generally related to desired information or assistance concerning life insurance decreasing as the level of educational attainment increased. Twenty-four percent of the variance on this item was attributed to education. With each increasing income group the percentage of respondents reporting the need for information or assistance concerning life insurance decreased.

With respect to ethnic group, expressed need for information on the life insurance item was greatest for the Lao followed by the Hmong, Cambodians, Chinese-Vietnamese, and Vietnamese. With age there was generally an increasing perceived need on this item ranging from approximately one-half for those in their 20's to three-fourths for those in the 20 age range.

The significant relationship of education was described by a decreasing need for home buying information with an increasing educational level. Ethnic group likewise was related to the item on buying a house with the Lao expressing the greatest concern and the Vietnamese and Chinese-Vietnamese expressing the least. Finally, time showed a significant relationship to this item. The percent of refugees who had lived in the United States for less than one year desiring this information was lower compared to those who had lived here between four and six years.

The expressed need for information or assistance regarding credit usage decreased significantly after 4 years of residence in the United States. Education and need for credit information were related with a percentage range of 88% for those with no formal education to approximately one-half for those with high school or college level exposure. Ethnicity was also related to the need for credit information or assistance. Lao represented the highest level of perceived need on this item with the Cambodian, Hmong, Vietnamese and Chinese-Vietnamese each revealing a further decline. Length of residence, education, and ethnicity were the three variables which were predominant measures of the amount of variance on the item. Thirty-two percent of the variance was attributed to the length of residence, 23% to education, and 14% to ethnicity. Regarding age, between 50% and 60% of respondents in all age categories, except the 40's, reflected a need for information on credit.

The significant relationship between time and perceived need for health insurance information was documented by a considerable decline in perception of this need after 4 years. Thirty-five percent of the variance on this item was measured by the length of residence. Education and expressed need concerning health insurance information were indirectly related in that as educational exposure increased this expressed need decreased. The relationship of income and perceived need regarding health insurance information was depicted by a decreasing need with increasing income. Generally as the age of the respondent increased so did the perceived need for health insurance information revealing a range of one-third for those under 20 to approximately two-thirds for those 50 years of age and above. Ethnicity as a variable related significantly to this item also and was documented by the range of expressed need from one-fourth for the Vietnamese to one-third for the Cambodians, two-thirds for the Chinese-Vietnamese and three-fourths for the Lao.

The expressed need for information related to the purchase of a car decreased as the length of residence increased. Forty-one percent of the variance on this item was accounted for by the independent variable time as measured by r squared. Education accounted for 24% of the variance on the item related to the purchase of an automobile. In general as educational level increased the indicated need for automobile information decreased. The relationship between income and perceived need concerning automobile information was indirect and described as a decreased need with increased income. The Lao ethnic group expressed the greatest need for information on purchasing an automobile followed by the Hmong, Chinese-Vietnamese, Cambodian and Vietnamese in declining order.

The indirect relationship of time and the need regarding information or assistance concerning investing money was explained by a decreased expressed need corresponding with an increased length of residence in this country. Educational level was also related to perceived need for investment information. As educational level increased, the desire for investment information reported declined. The significant relationship between ethnic group and need for investment information was explained by a declining range in percentages from 91 to 16 for the Lao, Hmong, Cambodian, Vietnamese, and Chinese-Vietnamese. With respect to age, an increasing need for investment information was expressed for those between 20 and 40 years of age, after which a decline took place. Time accounted for 31% of the variance on this item compared to 14% for education and 10% for ethnic group.

Time was significantly related to perceived need for information or assistance concerning financial records. As length of residence increased from less than one year to four years or more the expressed need for record keeping assistance decreased. Thirty-three percent of the variance on this item was explained by the independent variable time. Education similiarly revealed a significant inverse relationship to the perceived need for financial record information explained by a range of 100% for those with no formal education to 5% for those with college level exposure. Thirty-two percent of the variance on this item was measured by education. Age was directly related to increasing need for information on financial record keeping. More specifically, 33% of respondents in their 20's expressed this need compared to 60% of those in the 40 and 50 age ranges. With respect to ethnic group, the Lao group expressed the highest proportion of need for information concerning financial record keeping. The Hmong, Cambodian, Chinese-Vietnamese and vietnamese groups reported a decreased need on this item, respectively.

## FAMILY

The importance of family to the Indochinese is well-known. Therefore, it was not surprising that 80% expressed that being separated from family members was very much or some problem for them. This was a greater problem for those refugees from Laos than for those from Vietnam. Ninety-six percent of the heads of households reported close family members remaining in Indochina. Locating these family members was very much of a problem for many refugees. Again, the problem was greatest for the Lao and the Hmong. The longer the refugee has been in the United States, the less concern expressed.

Close family ties, little acceptance of family conflict, or reluctance to discuss family problems could possibly explain why few refugees expressed any conflict between husband and wife or other relatives living in the household. Little concern was expressed about maintaining family customs in the United States or children learning American cultural values and not accepting those of their parents.

Fear in communicating feelings to family and friends in the home country was some problem for two thirds of every group. Nearly all the Lao and the Hmong reported this as very much of a problem, however, no more than one-third of the other groups reported it as a great problem. Fear decreased over length of time in the United States. In addition, the higher the current income of the refugee the less communicating of feelings to the Home country were seen as being a problem.

## HEALTH

Twenty-six percent of the heads of households reported physical health problems in their family. The Hmong and the Chinese-Vietnamese reported the largest number of health problems. In response to an open-ended question, stomach problems and ulcers were most often mentioned by the Hmong and teeth problems were mentioned by more than one-quarter of the Chinese-Vietnamese. Difficulty in getting medical, dental and hospital care was seen as some problem. Greater concern was seen in Omaha and out-state than in Lincoln. The predominately Vietnamese population in Lincoln could possibly explain this difference.

As with other areas of need, time was related to getting adequate medical care. During a refugee's first year in the United States, 85% reported concern about medical care. However, after four years, 39% continued to be concerned.

When issues relating to mental health were considered it was found that homesickness was seen as a major problem. Again, length of time in the U.S. served to reduce homesickness, but even after four years, nearly 70% saw it as a problem. Homesickness was much greater for the Lao, Hmong and Cambodians, and less for those from Vietnam. While the Vietnamese as a group have been in the United States for a longer period of time than the Chinese-Vietnamese, their response to this statement was similar. Those refugees in the lowest income groups were twice as likely to report problems in homesickness as those in the highest income group.

Stress and stress-related illnesses were a problem for 65% of the refugees. Stress was reported at high levels until the refugee had been here for 4 years, and then decreased significantly. Nearly all of the Hmong and Lao reported a problem with stress, as opposed to approximately half of the remaining groups. Stress appeared greatest for those with no formal education, dropping significantly with any amount of education, rising again for those with some college experience. Use of alcohol and drugs was of minimal concern to the refugees.

Painful memories of the war and departure were significantly greater problems for the Hmong and the Lao. Three-quarters of the Hmong reported painful memories as very much of a problem. Less than 10% of the Vietnamese reported this as a great concern. Painful memories decreased gradually with length of residence.

## CLOTHING

Refugees indicated needs for clothing information/assistance related to size, purchase, function, construction and care, in addition to selling of handmade items such as clothing or crafts. Approximately one-third of all refugees indicated need on items regarding use of the sewing machine and making of clothing. Selling handmade items ranged next with about one-fourth of the respondents desiring this information. Seventeen percent responded positively to the need for information/assistance in the selection of clothing while 8% desired care information.

Need for specific clothing items ranged from 35% of total respondents for cold weather clothing to 24% for shoes and overshoes to approximately 18% for underwear, pajamas, and outerwear.

## CONCLUSION

The Nebraska Indochinese Refugee Needs Assessment revealed that the biggest problems facing refugees were communication problems, employment and job training, as well as issues related to homesickness and separation from family members. A need for information relating to the American legal system, American customs, and many issues involving financial management were priority areas for continuing education. The refugee perceived comparitively few problems relating to health and housing. Perceptions of Americans working with refugees may differ in these areas.

In examining the responses to each of the statements and questions, the role that each of the independent variables played must be considered before any conclusions can be drawn. In addition to ethnic group, the length of residence, income, and education all influenced the data.

While in general it appeared that the Vietnamese had few problems adjusting, it must also be considered that as a group they had been in the U.S. for a longer period of time, were better educated, and were currently earning a higher income. It was not just being Vietnamese in and of itself that created a better adjustment but a combination of many factors. However, based on the statistical analysis of Pearson's $r^2$, ethnic group was a significant measure of variance. Possibly the previous exposure to a half million American troops and personnel over a period of time gave the Vietnamese a greater exposure to Western culture.

From examining the data it appeared that the Hmong and the Lao were in greater need than the other groups. While no doubt true, it must be considered that the variable of motivation for taking part in the survey was not revealed in the data. Based on the statements made by the interviewers it appeared that the Hmong and the Lao respondents were more highly motivated toward completing the interview. The Hmong, in particular, believed the results of the survey might be of benefit to refugees. They seemed very interested in helping others. Such an attitude was not evident in other groups. This factor may have led to greater honesty in the Hmong and Lao responses. Ethnic group and length of time in the United States were the two independent variables most frequently related to the items on the questionnaire. Of the 25 significant Chi-square items, 22 were related to ethnic group and 21 to length of time in the U.S. Education played a significant role in 15 of the items, while occupation, urban/rural, income, and age played lesser roles.

The extent of variance on the 25 items found to be significant was determined by Pearson's r squared. Variance in excess of 10% was reported in this study. For 16 of the 25 items, length of time in the United States was the most important measure. In excess of

40% of variance on three items was accounted for by time. Education was second in importance contributing to one-half of the items. The highest amount of variance explained by education was 32%. Ethnic and income were of lesser importance as measures of variance, being significant in ten and six of the 25 items respectively. A maximum of 18% and 15% of variance was explained by ethnic group and income respectively.

In conclusion, the statistical measures in this study confirmed the impact and the inter-relationship of the various independent variables. Length of residence and education seemed to have the greatest impact. In other words, a demographic profile of better adjustment for the refugee would be a Vietnamese who has lived in the United States for four or more years, who had received an education in the home country, and who is earning a higher than average (for refugees) income.

The question is again raised, "Are refugees in the State of Nebraska able to experience the 'Good Life'?" It appeared that the refugee population has many unmet problems. Need for financial information, better communication skills, lack of jobs and job training, transportation problems, and home-country related concerns all weigh heavily on the refugee. However, it can be concluded that with longer residence and higher educational level, the 'Good Life' becomes more of a reality.

## RECOMMENDATIONS

Based on the results of the Nebraska Indochinese Refugee Needs Assessment and discussions with refugees and social workers, the following recommendations are made.

1. The establishment of Indochinese Cultural Centers in Omaha and Lincoln could prove to be a valuable mechanism in assisting refugees with adjustment problems associated with living in a different culture. Such centers could be a gathering place for Indochinese persons and hopefully a vehicle whereby differing ethnic groups could combat isolation, join forces, and work together to solve common problems. The Centers would encourage the maintenance of the rich cultural background from which the refugees came and would be helpful in reducing homesickness, 'culture shock', and depression associated with the loss of material possessions and family members.

   A continuing mission of the Centers would be the planning and implementation of adult programs in such areas as: American customs and laws, financial management and housing, nutrition and food preparation, as well as car repair, crafts, gardening, etc. As much as possible, refugees would provide expertise along with assistance from local persons knowledgeable in each of the areas to optimize the learning environment.

An additional objective of the cultural centers would be a deepened cultural appreciation and sensitivity by Americans through educational programs, exhibits, etc. to the wider community agencies and schools.

The cultural centers should act as mutual assistance organizations. Such organizations have been very successful in other part of the country. Government agencies should aid the refugees in helping each other by providing them with funding opportunities and staff training. Such structures in the refugee community itself might be able to provide assistance to those in need more efficiently than many government agencies are able to do.

Approximately 85% of the refugees in the State live within 50 miles of Omaha or Lincoln. The needs of those outside of this area may be more difficult to meet.

2. Voluntary agencies and government agencies have as a rule performed well in assisting refugees. However, only recently have they started cooperating with each other. More thought should now be given to ways in which professional, public and grass roots structure can be integrated into a coordinated service system.

3. The time frame for the acculturation process needs to be expanded. Adaptation to a totally new way of life does occur with increasing length of residence as the study shows, however, adaptation must be seen in terms of a matter of years. It does not occur in one or two years.

4. ESL Programs vary greatly. However, some programs may need to revise methods of instruction to allow for more time to practice in simulated life experiences, particularly those related to social functioning in American Culture. In addition, classes should be held for different levels of English proficiency with past educational backgrounds taken into account, if possible. Great emphasis must continue to be placed on English training and its availability.

5. Many refugees came to Nebraska with skills that can not translate to a highly technological life-style. A major need is vocational training for refugees that would help make them self-sufficient, self-fulfilled societal members. Such training needs to be geared toward the refugee with few English skills. Presently, refugees with limited English ability are left out of existing programs.

Such vocational training should include survival English, social adjustment, drivers education, job skills training and application, career counseling and referral. Private industry, local, state and federal agencies need to cooperate in setting up such vocational training programs.

# NEBRASKA INDOCHINESE REFUGEE NUTRITION ASSESSMENT[1]

(a section of the Nebraska Indochinese
Refugee Needs Assessment)

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The interviewers who administered the questionnaire obtained a 24-hour food recall from one adult member of the family. This was usually the person who responded to the questionnaire.

The interviewers were lay people who were bi-lingual. Training for the food recalls included the need to list all foods and beverages eaten in a 24-hour period. Pictures of food portions and a 12-ounce paper bowl were given to the interviewers to aid in obtaining amounts eaten. However, amounts were not obtained on many of the food recalls. Some of the interviews, especially those outstate, were done by phone and amounts were difficult to estimate. Ninety-five food recalls were obtained in 115 interviews. All of the food recalls were with adults ranging in age from 18 to 62. (Table 1)

Food recalls were used from 95 Indochinese refugees settling in Nebraska. Five ethnic groups were included: Hmong, Lao, Vietnamese, Chinese-Vietnamese, and Cambodian. (Table 1)

Table 1 INDOCHINESE REFUGEES
FIT FOOD RECALLS

| | TOTAL | Male | Female |
|---|---|---|---|
| Hmong | 23 | 16 | 7 |
| Lao | 11 | 9 | 2 |
| Vietnamese | 36 | 25 | 11 |
| Chinese-Vietnamese | 18 | 9 | 9 |
| Cambodian | 7 | 7 | 0 |
| TOTALS | 95 | 66 | 29 |

In analyzing the food recalls the number of times a food was eaten in one day was used instead of amount of food eaten. Thus, when rice was eaten at lunch and dinner it was counted twice.

Because amounts of food were not used, nutrient contents of the diet could not be estimated. It was possible, however, to calculate a dietary score based on the number of times a food was eaten in one day. The dietary score methods used was described by Guthrie and Scheer (1981) as shown in Table 2.

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[1] Support for this needs assessment was provided by a grant from the Nebraska Commission for Post-Secondary Education (HEW Title I)

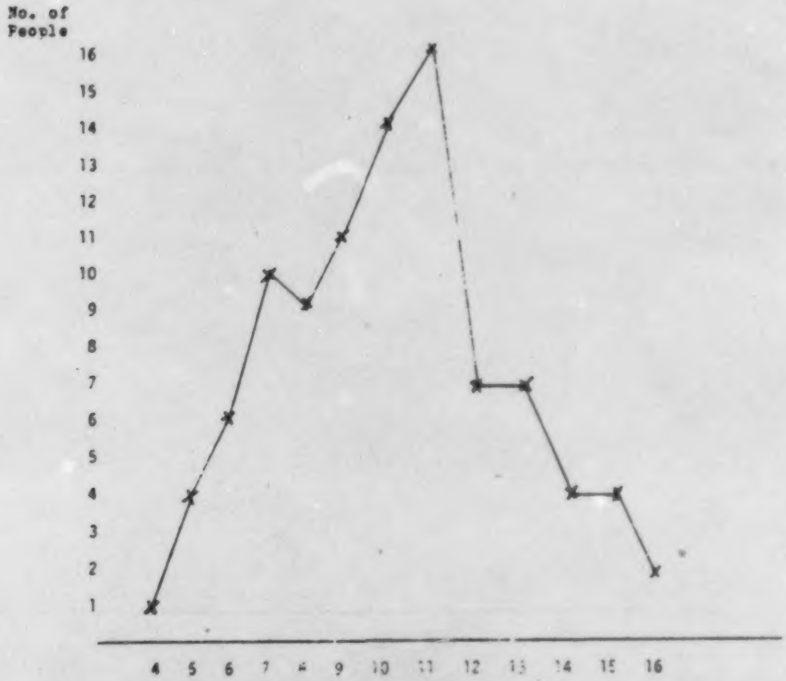
Table 2 DIETARY SCORE BASED ON BASIC FOUR FOOD GROUPS

| Food Group | Points per serving | Possible food group score |
|---|---|---|
| Milk and milk products (up to a maximum of 2) | 2 | 4 |
| Meat and meat alternates* (up to a maximum of 2) | 2 | 4 |
| Fruit and vegetables (up to a maximum of 4) | 1 | 4 |
| Bread and cereals ** | 1 | 4 |
| TOTAL dietary score | | 16 |

*Includes animal protein foods, legumes and nuts.
**Includes enriched and whole grains

Dietary scores were calculated for the 95 diets collected. Twenty-one diets scored between 4 and 7; 50 diets scored between 8 and 11; and 24 diets scored between 12 and 16. According to Guthrie "....a score of 16, indicative of recording the suggested number of Basic Four servings, met the RDA for 7 of the 12 nutrients examined and exceeded approximately four-fifths of the recommended level for the remaining 5 nutrients." Only two diets scored 16 which is the highest score attainable. Table 3 shows the distribution of dietary scores.

Table 3 DIETARY SCORES OF 95 INDOCHINESE REFUGEES



The dietary scores were used to assess possible nutritional differences based upon sex, ethnicity, and length of time in the United States. The data are shown in Table 4. Analysis of variance indicated no significant differences in dietary scores related to sex, ethnicity, or length of time in this country.

Table 4 DIETARY SCORES - Sex, Ethnicity and Time

| | | Mean Dietary Score | Probability |
|---|---|---|---|
| Sex | Male | 10.11 | |
| | Female | 9.45 | Not Significant |
| Ethnicity | Hmong | 10.17 | |
| | Lao | 9.18 | |
| | Vietnamese | 9.19 | |
| | Chinese-Vietnamese | 11.06 | |
| | Cambodian | 10.85 | Not Significant |
| Time in U.S.A. | Less than 1 year | 9.84 | |
| | 1 to 3 years | 10.14 | |
| | Over 3 years | 9.79 | Not Significant |

An analysis was made of specific food groups eaten or missed. Table 5 shows that two or more foods from each of the four groups were included by only 17 per cent of the people. At least one food in each group was included by an additional 31 per cent. Fifty-three per cent missed one or more groups.

Table 5 FOODS EATEN FROM FOUR FOOD GROUPS

Fruit-Vegetable; Bread-Cereal; Milk-Cheese; Meat, Poultry, Fish and Beans

| | 2 or more foods from each of 4 groups | | | At least 1 food from each of 4 groups | | | On or more groups missing | | |
|---|---|---|---|---|---|---|---|---|---|
| | % | | | % | | | % | | |
| | M+F | M | F | M+F | M | F | M+F | MM | F |
| HMONG | 17 | 25 | 0 | 43 | 44 | 43 | 39 | 31 | 57 |
| LAO | 9 | 11 | 0 | 45 | 44 | 50 | 55 | 55 | 50 |
| VIETNAMESE | 17 | 20 | 9 | 14 | 16 | 9 | 69 | 64 | 82 |
| CHINESE-VIETNAMESE | 17 | 11 | 22 | 44 | 11 | 11 | 39 | 11 | 67 |
| CAMBODIAN | 17 | 20 | 10 | 32 | 36 | 21 | 53 | 45 | 69 |
| TOTALS | 17 | 20 | 10 | 31 | 26 | 21 | 52 | 45 | 69 |

Avoidance of food groups can mean the omission of important sources of nutrients. For example, omitting the milk group in this country makes it very difficult to obtain sufficient calcium.

The milk groups was missed by 48 per cent of the people while the fruit-vegetable group was missed by 10 per cent, and the meat group by only 1 per cent. No one missed the bread cereal group. (See Table 6)

Table 6 FOOD GROUPS MISSED

| | Missed only milk-cheese group | | | Missed only fruit-veg. group | | | Missed both milk-cheese & fruit-veg. | | | Missed both milk-cheese & meat group | | | Ate at least 1 or 2 foods from each of 4 groups | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | % | | | % | | | % | | | % | | | % | |
| | M+F | M | F | M+F | M | F | M+F | M | F | M+F | M | F | M+F | M | F |
| Hmong | 22 | 19 | 29 | 0 | 0 | 0 | 17 | 13 | 29 | 0 | 0 | 0 | 61 | 69 | 43 |
| Lao | 36 | 33 | 50 | 18 | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 45 | 44 | 50 |
| Vietnamese | 56 | 52 | 64 | 6 | 0 | 18 | 6 | 8 | 0 | 3 | 4 | 0 | 31 | 36 | 18 |
| Chinese Vietnamese | 39 | 11 | 67 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 61 | 89 | 33 |
| Cambodian | 43 | 43 | -- | 0 | 0 | -- | 0 | 0 | -- | 0 | 0 | -- | 57 | 57 | -- |
| TOTALS | 41 | 35 | 55 | 4 | 3 | 7 | 6 | 6 | 7 | 1 | 2 | 0 | 47 | 55 | 31 |

Table 7 shows the average number of times foods were eaten from each of the five food groups. The lowest number of times foods were eaten was in the so-called caution group -- fats, sweets, and alcohol. Alcoholic beverages did not show up in our sample except for two beers -- one each for a Vietnamese and a Chinese-Vietnamese.

Table 7 AVERAGE NUMBER OF TIMES FOODS EATEN FOR ONE DAY FROM FIVE FOOD GROUPS

| | (N=) | Fruit-Vegetable | Bread-Cereal | Milk-Cheese | Meat | Fats, Sweets & Alcohol |
|---|---|---|---|---|---|---|
| Hmong | (23) | 1.61 | 2.83 | .96 | 2.70 | .22 |
| Lao | (11) | 1.55 | 2.55 | .55 | 2.64 | .27 |
| Vietnamese | (36) | 2.25 | 2.39 | .67 | 2.42 | 1.00 |
| Chinese Vietnamese | (18) | 3.00 | 3.11 | 1.06 | 3.11 | .94 |
| Cambodian | ( 7) | 2.71 | 2.71 | 1.14 | 3.14 | 1.71 |
| TOTALS | (95) | 2.19 | 2.67 | .83 | 2.69 | .77 |

Rice, vegetables, poultry, fruits and pork and pork products were five most frequently eaten foods for the total group. Each ethnic group varied somewhat. (See Table 8)

Table 8 THE MOST FREQUENTLY EATEN FOODS
AVERAGE NUMBER OF TIMES PER PERSON FOR ONE DAY

| Food[1] | Total N=95 | Hmong N=23 | Lao N=11 | Viet-namese N=36 | Chinese-Viet-namese N=18 | Cambo-dian N=7 |
|---|---|---|---|---|---|---|
| 1. Rice | 1.72 | 2.17 | 2.27 | 1.28 | 1.61 | 1.86 |
| 2. Vegetables | 1.37 | .52 | .55 | 1.47 | 1.94 | 1.43 |
| 3. Poultry | .81 | 1.39 | .91 | .36 | .72 | 1.29 |
| 4. Fruits | .78 | 1.04 | 1.00 | .64 | .83 | .14 |
| 5. Pork & pork products | .78 | .74 | .91 | .94 | .61 | .29 |
| 6. Milk | .64 | .78 | .55 | .44 | .72 | 1.14 |
| 7. Beef | .52 | .39 | .73 | .56 | .22 | 1.29 |
| 8. Soups | .47 | .09 | .09 | .64 | .89 | .43 |
| 9. Soft drinks | .42 | .13 | .18 | .44 | .67 | 1.00 |
| 10. Bread | .31 | .17 | .00 | .36 | .56 | .29 |
| 11. Assorted noodles | .31 | .04 | .00 | .47 | .56 | .14 |
| 12. Eggs | .31 | .17 | .00 | .33 | .61 | .29 |
| 13. Coffee | .29 | .09 | .27 | .42 | .33 | .29 |
| 14. Tea | .19 | .00 | .18 | .19 | .17 | .86 |
| 15. Meat | .14 | .00 | .00 | .03 | .67 | .00 |
| 16. Salads | .13 | .00 | .00 | .08 | .11 | 1.00 |

[1] Foods are listed in order of frequency of total group

American types of foods appeared in 52 per cent of the diets. Soft drinks, breads, cookies, cakes, and donuts were among the most popular American foods consumed. It is difficult to classify foods as strickly American, however. For example, soft drinks are also widely available in the Orient and do not necessarily represent an "acquired taste" for refugees in this country. The inclusion of American type foods was significantly related to length of time in this country. The longer the refugees were here the more American type foods were included. (See Table 9)

Table 9 AMERICAN TYPES OF FOODS

AVERAGE NUMBER OF TIMES PER PERSON FOR ONE DAY

| Food | Total N=95 | Hmong N=23 | Lao N=11 | Viet-namese N=36 | Chinese-Viet-namese N=18 | Cambo-dian N=7 |
|---|---|---|---|---|---|---|
| Soft drinks | .42 | .13 | .18 | .44 | .67 | 1.00 |
| Bread | .31 | .17 | .00 | .36 | .56 | .29 |
| Cookies, cakes & donuts | .14 | .22 | .09 | .06 | .11 | .43 |
| Salads | .13 | .00 | .00 | .08 | .11 | 1.00 |
| Cheese | .12 | .13 | .00 | .14 | .16 | .00 |
| Hamburger | .08 | .00 | .00 | .22 | .00 | .00 |
| Sandwich | .06 | .09 | .00 | .06 | .11 | .00 |
| Potato chips, french fries & potatoes | .06 | .04 | .00 | .06 | .11 | .14 |
| Cereals | .05 | .13 | .09 | .03 | .00 | .00 |
| Gelatin | .03 | .00 | .00 | .06 | .06 | .00 |
| Pizza | .02 | .00 | .00 | .03 | .06 | .00 |
| TOTALS | 1.42 | .91 | .36 | 1.53 | 1.94 | 2.86 |

Snacks were eaten by 28 per cent of the Indochinese. The only ehtnic group not reporting snacks was the Lao.

In addition to the food recalls, a variety of questions about food and nutrition were included on the questionnaire. Sixteen per cent of the Indochinse expressed some concern with providing a healthful diet to their families. A lack of information about nutrition was mentioned by 10 per cent.

Eight per cent of the total group reported that milk did not agree with them. At least one person in each ethnic group, except Cambodian, reported that milk caused them some problems. Foods from the home country were missed by 64 per cent of the people. Fruits and vegetables (29%) were most frequently mentioned missed foods, followed by fish (23%) and traditional foods (13%).

A need for information or assistance was mentioned for a number of food related items in a forced choice question. Preparing American type foods, reading recipes, and foods for feeding infants and children were the three areas most often requested.

## Food and Nutrition Discussion

Many of the food patterns of the Indochinese refugees appeared to be retained from the home countries. The frequent use of rice, vegetables and some type of meat for a meal was noted on the diets. On the other hand, some traditional foods, vegetables and fish consumed may not be available or be quite costly in this country. The fish bones, soy milk, and certain of the vegetables in the home land supplied some calcium. Less protein consumed in the home land may have had the advantage of reducing the requirement for calcium. According to Casey (1977) red meat and poultry were very expensive in Vietnam and were considered a delicacy. The amount of red meat and poultry consumed is probably higher in this country since the costs are more reasonable than in the home countries.

In this country the milk group is the main source of calcium. The milk group, however, was the least used of the basic four groups for our sample. Adding more foods from the milk group as well as other foods high in calcium might be beneficial for the Indochinese.

Rice was used abundantly by all ethnic groups. The continued use of rice would be beneficial. Attention should be given, however, to buying enriched or brown rice, Since brown rice may not be popular with Indochinse, it may not be a realistic recommendation.

Indochinese people in the home land wash their rice thoroughly before cooking because it may not be cleaned very well before packaging. The Indochinese refugees in this country need help in realizing enriched rice is packed clean and the vitamins and minerals that enrich it are coated on the outside of the rice. Washing the clean, enriched rice results in removing the enrichment vitamins and minerals.

Imported rice is a favorite among many Indochinese. It is difficult to ascertain the cleanliness and/or enriched quality of this rice.

The need expressed for American type recipes might partly be fulfilled with those featuring the milk and cheese group. Although lactose intolerance has been reported (Nong the Anh, 1977) to be high among Vietnamese, small amounts can often be tolerated.

Encouragement should be given to retain the food preparation techniques such as short cooking of vegetables.

The average number of times people had foods from the fats, sweets and alcohol group was relatively low. In general, the diets appeared to be relatively low in fat. These are additional examples of practices worthy of continuing.

## Summary

A wide range of dietary scores resulted from the analysis of 95 Indochinese refugees 24 hour food recalls. Of particular concern are the 21 that scored 7 or less. The lower scores indicate limited variety of foods and poorer nutrient intake. Only two diets scored a 16, which means the Basic Four food group recommendations were met. There were no significant differences in dietary scores related to sex, ethnicity or length of time in this country.

Forty-eight per cent of the people did not eat foods from the milk-cheese group. Ten per cent did not eat foods from the fruit-vegetable group, while only one per cent did not eat foods from the meat group. Everyone included foods from the breads and cereal group. In general, the diets appeared relatively low in fats, sweets and alcohol.

Rice, vegetables, poultry, fruits and pork were the five most frequently eaten foods among Nebraska's Indochinese. American type foods appeared in 52 per cent of the diets.

The foods most often mentioned as being missed from the home country were certain fruits and vegetables, fish and traditional foods.

The highest need indicated for information among the food and nutrition items were for: preparing American type foods, reading recipes, and foods for feeding infants and children.

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# COMMUNITY OUTREACH AND HEALTH EDUCATION CLASSES WITH HMONG AND MIEN IN NORTHEAST PORTLAND

Jean Baldwin, B.S.
Community Health Nurse
Multnomah County, Oregon

Multnomah County Community Health Services Division provides communicable disease screening and treatment, crisis intervention, health and education and promotion to a metropolitan area of approximately 500,000 citizens. MCCHSD also provides community health nursing services and medical clinics. Since 1976, the Indochinese population of this county has increased to 11,200 people. The Indochinese community is settled primarily in the Northeast section of Portland -- an area already densely populated with several minorities.

In this busy district community health nursing office, during November and December of 1980, 13.5% of the total number of referrals for home assessments concerned the Indochinese refugees. Every one of these refugee referrals involved a Blue Hmong or Mien family, even though these Laotian hill communities constitute only 10% of Portland's total Indochinese population. Presenting problems concerned basic health and hygiene issues.

To effectively deal with this needy population meant that the community health nurses had to identify the common problems. This included examining the health/illness prevalence and also exploring the culture.

## Historic Overview of Hmong and Mien

Since 1977 approximately 1,800 Hmong and Mien have settled in Portland. They historically are clansmen from Mongolian China, forced to migrate to the mountains of Laos and Thailand in the 19th century. Largely illiterate farmers, they were armed by the United States to wage a guerilla war in their mountains. When Laos fell, the Vietnamese began a campaign to exterminate the clans. Statistics vary but it is felt that between one-third and two-thirds of the clansmen were killed during and after the war. Some survivors became refugees in Thailand, and some of those were eventually placed in third countries. Oregon has 1% of the United States total population, and 3% of the refugee population.

This historic background is necessary to make adequate assessments of the failure of our systems to provide comprehensive services. The cultural shock involved in uprooting and fleeing home is an obvious problem with any refugee. All Southeast Asians struggle with learning an unfamiliar language and attaining employment. Simultaneously, they fight the gnawing depression of never being able to return home again, while trying to maintain their cultural heritage. The health and social problems of the Hmong and Mien are compounded by the fact that they were forced from their villages in the Laotian Hills to the high technology of Western urban life. All at once they must deal with electricity, indoor sanitation, processed foods, mass transit...

This poses a dilemma for Western landlords and medical providers. Their animist religious background instills in them the belief that all living things have spirits, and that illness, or a sick spirit can be removed by the sacrifice of a chicken or pig (in the home).

## Health Needs of Hmong and Mien

Health problems specific to the Hmong and Mien are commonly caused when they partially adopt Western ways and combine them with traditional practices. Often medical providers see only the illness symptoms and have no concept of the patient's beliefs and their interrelation. Translators might not accurately relay patient beliefs about bad spirits and nutritional practices, because of the possible superstitious nature of these beliefs. Medical providers need a variety of assessment skills because behaviors -- based on partially adopted Western beliefs and cultural practices -- are not obvious.

Commom problems seen by CHNs and other health care providers:

### A. Infant Feeding

The number of breastfeeding women is decreasing since many don't think it's an acceptable Western practice. Examples of misinformation include: Caucasian babies are bigger because they are bottle fed, breasts should not be shown in public, and a woman can't breastfeed because they can never leave the baby even for a few hours. These beliefs and the resulting practices cause problems because formula is improperly diluted and stored, formula brands are varied, and condensed milks and 2% milk are interchanged. Babies are underweight and overweight from inadequate or excessive intake, diarrhea is commonly caused by improper dilutions and poor sanitation of bottles and formula, and bottle propping is common and contributory to more otitis media.

### B. Health Care

Preventive medicine is not a priority, and consequently families do not have a regular provider -- they utilize emergency rooms and the communicable disease screening clinic for ongoing primary health care. They might use a variety of clinics for each individual family member. Prenatal care is often postponed until the last month, since pregnancy is not seen as an illness and prenatal exams are thought to violate a woman's privacy and can cause babies to be born unhealthy.

### C. Medical Treatment

Poor compliance with prescribed medical treatment regimes is caused by a variety of beliefs, ranging from the feeling that the MD visit is enough to cure an illness, to confusion over how to fill a prescription.

1. There are misunderstandings of how and when to take medications.
2. There are misunderstandings of how long to take medications. They will often discontinue medication when fever/illness symptons stop.
3. They may share the medications with any sick family members.
4. They may not be able to open child-proof bottles.

D. Communicable Diseases

A large number of enteric diseases caused by improper food handling and storage, are common in the Hmong and Mien communities. Families are often unfamiliar with refrigeration, freezers, and ovens. The parasites and enteric problems that might have accompanied them from the refugee camps are often compounded here by overcrowded housing and a lack of knowledge about proper hygiene. These, plus a misuse of various cleaning compounds and detergentson the skin can also result in contact dermatitis.

Purpose of the Survey

It was evident that unmet needs existed within Multnomah County's Laotian Hmong and Mien communities. The commonality of these needs became apparent to community health nurses (CHN) during routine home visits. There was a lack of basic health education information, an abundance of misinformation and superstition, and a poor utilization of available health services in most households. In January, 1981, documentation of these needs began in order to justify health education classes and outreach for the Hmong and Mien in Northeast Portland. A survey format was used so that objective data could document the CHN's subjective observations. Also, the survey provided a more comprehensive cross-section of the population and would not be limited. to high risk families. The survey would also serve as a form of service outreach as each household was individually interviewed. In summary, the purpose of the survey was:

1. To assess if the health needs seen were common to the general Hmong and Mien community.
2. To assess utilization and compliance with existing health care systems.
3. To share information and planning of health education and ongoing outreach with a variety of agencies involved with Indochinese resettlement.

Design of the Survey:

Sample selection

Three large apartment complexes that rent predominantly to Hmong and Mien families were identified in Northeast Portland --

Halsey Square, Kerby Square, and Northeast Cully. Since translator and travel time were factors, the survey was limited to these apartment complexes.

With the help of translators from the Indochinese Health Clinic and the Indochinese Cultural Center, community health nurses went door-to-door collecting data on immunizations, tuberculosis prevalence and treatment compliance, pregnant women, breastfed infants, source of medical care, household size, household members' ages, and other demographic data. The questions were closed-ended to obtain objective answers and to avoid misinterpretations of translations and judgment answers.

Survey Results: (Table 1)

Summary

Immunizations of children were not up-to-date, a sizeable percentage of diagnosed tuberculosis patients were in non-compliance, many pregnant women were receiving no prenatal care, less than 50% of the infants were being breastfed, and 47% identified either no source of medical care or the county's communicable disease screening services as their only source of care.

Recommendations:

1. Coordination of intra and extra agency health planning, including outreach and follow-up of medical compliance.
2. Continuation of health education classes with close proximity to densely populated areas.
3. Continuation of support to agency sponsors in assessing families systematically (at 2 mo, 4 mo, 6 mo, 1 yr and 2 yr) after initial resettlement.
4. Coordination with Hmong and Mien communities so that informal networking and outreach to a few will be shared with the whole community.
5. Implementation of inservices for health providers, to increase the efficacy of their assessments and plans by increasing their cultural knowledge and sensitivity.
6. Allocation of translator funds in each grant written for refugee services, and orientation of these translators to the basics of health education.
7. Survey of other Indochinese populations in Northeast Portland to determine health needs.

## TABLE 1

<table>
<tr><th>Survey Question</th><th>Objective</th><th>Data Result</th><th>Needs Assessment</th></tr>
<tr><td>Head of household name</td><td>Hmong wives & husbands dont use same last names difficult to track for medical referrals w/o household name</td><td></td><td></td></tr>
<tr><td>Address</td><td></td><td></td><td></td></tr>
<tr><td>Nationality (N)</td><td>only interviewed Laotian households (HH)---117</td><td>Mein 64% of HH seen-- or 75 total<br>Hmong 33% of HH seen-- or 38 total<br>Lao 3% of HH seen-- or 4 total</td><td></td></tr>
<tr><td>Number of households saw 117 households</td><td>to assess # of people living together & get basic fam. unit sizes</td><td>
<table>
<tr><td>Mein avg. per HH:</td><td>6</td><td>total</td><td>449</td></tr>
<tr><td>Hmong " " " :</td><td>6</td><td>"</td><td>238</td></tr>
<tr><td>Lao " " " :</td><td>3</td><td>"</td><td>13</td></tr>
<tr><td></td><td></td><td>Total People</td><td>700</td></tr>
</table>
</td><td></td></tr>
<tr><td>Adults (A)</td><td>to assess # of adults living in one HH</td><td>
<table>
<tr><td>Mein</td><td>233</td></tr>
<tr><td>Hmong</td><td>107</td></tr>
<tr><td>Lao</td><td>11</td></tr>
<tr><td>Total</td><td>351</td></tr>
</table>
</td><td></td></tr>
<tr><td>Ages of children</td><td>to gather data & to assess needs for educ. in infant nutrition by population; assess ongoing need for pre-school immunizations; to correlate the # of breastfeeding women to infants under 1 year</td><td>
<table>
<tr><th></th><th><1yr.</th><th>1-5yr.</th><th>6-18yr.</th><th>total by nat'lty.</th></tr>
<tr><td>Mein</td><td>27</td><td>66</td><td>92</td><td>185</td></tr>
<tr><td>Hmong</td><td>28</td><td>60</td><td>40</td><td>134</td></tr>
<tr><td>Lao</td><td>0</td><td>1</td><td>1</td><td>2</td></tr>
<tr><td>Tot by age</td><td>55</td><td>127</td><td>139</td><td>321</td></tr>
</table>
</td><td>15% of all Mein children are under 1 year<br>21% of all Hmong children are under 1 year<br>57% of all children are Mein<br>42% of all children are Hmong<br>yet of the total survey population 64% were Mein and 33% Hmong, so Hmong appear to have more children per family, and have younger children</td></tr>
<tr><td>Length of time in USA</td><td>to compare medical needs and assimilation into medical care based on length of time in U.S.</td><td>
Months in USA
<table>
<tr><th>months</th><th>6</th><th>6-12</th><th>12-24</th><th>24</th><th>36</th><th>48</th><th>60</th></tr>
<tr><td>Mein</td><td>17</td><td>21</td><td>27</td><td>7</td><td>2</td><td>1</td><td>0</td></tr>
<tr><td>Hmong</td><td>8</td><td>7</td><td>13</td><td>2</td><td>1</td><td>2</td><td>1</td></tr>
<tr><td>Lao</td><td>0</td><td>1</td><td>2</td><td>1</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td>Totals</td><td>25</td><td>29</td><td>42</td><td>10</td><td>3</td><td>3</td><td>2</td></tr>
</table>
</td><td>Little correlation appears between length of stay in U.S. and assimilation into medical and social systems</td></tr>
<tr><td>Do you want to take health care classes?</td><td>to assess if there is an interest in health care classes</td><td>105 adults are interested in taking class</td><td>There is an interest as well as a need for health care classes</td></tr>
<tr><td>Immunizations--<br># of children not up-to-date<br>(CHN viewing imm card)</td><td>to assess ongoing immunization compliance</td><td>88 HH analyzed--<br>25 HH or 28% have no cards<br>94 children are overdue for imms or 29% of the total 321 children<br>Hmong-not up to date: 37 individuals--39% total<br>Mein--not up to date: 53 individuals--56% total</td><td>At least 29% children have incomplete immunizations; this suggests a need to increase immunization clinics to indochinese</td></tr>
</table>

<table>
<tr><th>Survey Question</th><th>Objective</th><th>Data Result</th><th>Needs Assessment</th></tr>
<tr><td>Current pregnancy</td><td>to assess WIC referral needs; needs for pre-natal care</td><td><table><tr><td>Mein</td><td>11</td></tr><tr><td>Hmong</td><td>4</td></tr><tr><td>Total</td><td>15</td></tr></table></td><td>Since this survey did not collect the # of childbearing women, it is impossible to assess % of pregnant women in community</td></tr>
<tr><td>Breastfeeding</td><td>to assess # of breast-feeding women (breast-feeding is primary source of infant feeding in Laos)</td><td><table><tr><td>Mein</td><td>16</td></tr><tr><td>Hmong</td><td>13</td></tr><tr><td>Total</td><td>29</td></tr></table></td><td>Total # of breastfed childr 0-1 yr of age is 53%<br>Mein children 0-1yr 60% b'fed<br>Hmong childrn 0-1yr 46% b'<br>There are more Hmong children under 12 months and propor-tionately less are breastfe Hmong women need more encou agement to breastfeed</td></tr>
<tr><td>Where do you receive medical care? (data collected by HH, not individual)</td><td>to assess assimilation into existing medical systems after initial screening at IHC</td><td>See Addendum<br>1. 17% no health care<br>2. 30% IHC only<br>3. 22% Emanuel OPC for individual family members only (OB or Pediatric care)<br>4. 13% Providence OPC</td><td>This population is at high risk for chronic medical and nutritional illness. However, of the 117 HH's, 30% identi IHC as only source of care, 17% stated they had no source of care. It must be mentioned that IHC has stressed repeat ly to clients & the communit that it is a communicable di ease screening service only. It is imperative that health education re medical resour be developed & implemented i this community</td></tr>
<tr><td>Who is taking TB medications?</td><td>to assess compliance w/ TB treatment regimes by viewing medication bottles, noting the date of issue, number of pills remaining, and pt name</td><td><table><tr><th></th><th>comp.</th><th>non-comp.</th><th>TB cases total</th></tr><tr><td>Mein</td><td>51</td><td>21</td><td>72</td></tr><tr><td>Hmong</td><td>6</td><td>3</td><td>9</td></tr><tr><td>Total</td><td>57</td><td>24</td><td>81</td></tr></table></td><td>Close ongoing follow-up and education is needed to complet treatment regimes. Further interviews are necessary to validate this information sinc no difference has been made between prophylaxis & active treatment, and because com-pliance/non-compliance is base tenuously on bottle issue date Compliance rate may vary due t inability of interviewer to ascertain consistency of treat-ment by viewing only 1 medi-cation bottle</td></tr>
<tr><td>Community college attendance</td><td>to assess # participating in community college programs</td><td><table><tr><th></th><th>PCC</th><th>MHCC</th><th>total</th></tr><tr><td>Mein</td><td>65</td><td>25</td><td>90</td></tr><tr><td>Hmong</td><td>17</td><td>6</td><td>23</td></tr><tr><td>Lao</td><td>1</td><td></td><td>1</td></tr><tr><td>Totals</td><td>83</td><td>31</td><td>114</td></tr></table></td><td>114 individuals are attending community colleges, or 32% of 351 total adults<br>39% of 233 Mein adults go to c<br>21% of 107 Hmong adults go to<br>Fewer Hmong are attending ESL classes</td></tr>
<tr><td>Sponsors</td><td>date necessary for follow-up referrals for medical, social needs</td><td><table><tr><td>USCC</td><td>55</td></tr><tr><td>IRC</td><td>21</td></tr><tr><td>Private churches</td><td>9</td></tr><tr><td>LIRSS</td><td>5</td></tr><tr><td>Total</td><td>90</td></tr></table></td><td>It is difficult to assess total # of households settled per sponsoring agency, due to housing allocations</td></tr>
</table>

## Post Activities

### Health Education Classes: (Addendum 1)

Survey results indicated the great need for basic health care information and the absence of extensive communication systems within the Hmong and the Mien community. A series of weekly classes were planned and coordinated within the three apartment communities. These classes dealt with general nutrition, hygiene, contraception, conception and prenatal care, breastfeeding, and well child care. Lesson plans that combined Western information with cultural and religious beliefs were developed and implemented for all these classes, with the input of translators. Each of the three settings have attendance ranging from five to sixty students weekly. Lesson plans are on a revolving, opened basis, and are repeated every ten weeks.

a. Methodology

Methodology is based on the premise that the Hmong and Mien are from an oral culture and history, so redundance is often expected.

Twenty minute lessons are presented, with repeated use of demonstration and return demonstrations. These lessons are then summarized. Each person is asked to teach one other person not attending class. Each week, a review of the previous class is included and as students report how they taught others, misinformation is corrected. The purposes of this format is to keep material simple and as concrete as possible, and to allow few misinterpretations. Measurable objectives exist in each lesson plan to gauge student participation and retention.

b. Instructor Style

The instructors credibility and acceptance are partially based on the style of presentation and cultural sensitivity. Personal graciousness and acceptance of students creates a trusting atmosphere to maintain class attendance and use the class as a forum for questions.

### Home Visiting:

Community health nurses have found a simplification of ongoing home visiting (addendum 2) since the classes are open for referrals from medical providers, CHNs, schools, and social service agencies. The time involved in visits is shortened since families can be referred to classes for routine information.

Services are becoming standardized throughout the county, since other community health nursing teams in other Portland districts are able to utilize the survey results, lesson plans and home visiting protocol.

## Community Involvement:

- --The Indochinese Cultural Center has used survey respondents and class members to enroll interested people in bus orientation.
- --The United States Catholic Charities local office has used survey results to implement a tracking system of refugees settled in the last two years.
- --Statistics were used by Portland Community College to request funds for health education classes in their "English as a Second Language" program.
- --Survey documentation was used by a local outpatient clinic to hire a Hmong Translator.

## Evaluation of Post Survey Activities

It is too early to accurately assess any ongoing results from the survey, outreach, classes and home visiting. For ideal research purposes, the same households would be surveyed again six months after the original survey. This woud appraise ongoing activities and would document them as effective or non-effective methods to implement change.

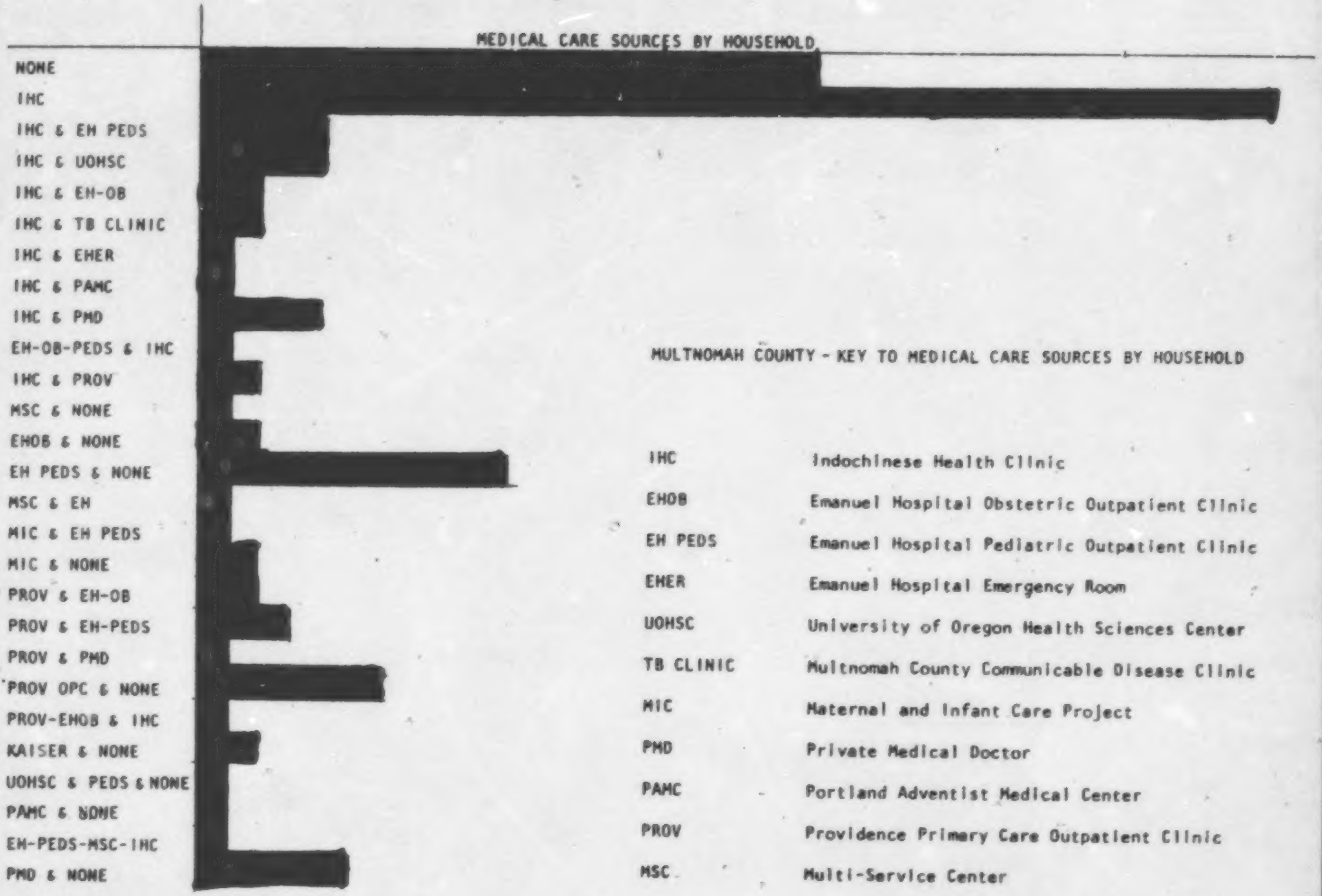
Although the classes are still in progress, informal and subjective evaluation indicates that the families are learning, and slowly changing to more healthy behaviors for themselves and their children. Interagency support and involvement are resulting in better coordinated health and social services for the Indochinese.

The outreach effort and health education classes are in their infancy and have only been in existence for two and a half months. Yet within those months most objectives from each class have been met by 75-90% of the students.

## Recommendations:

1. Re-survey the class participants with the original survey questions in six months.
2. Involve students in forming an outreach core to bring other neighbors to classes.
3. Invite other community agencies to share the setting of the classes for their education needs and outreach.

## ADDENDUM 1



MULTNOMAH COUNTY - KEY TO MEDICAL CARE SOURCES BY HOUSEHOLD

| | |
|---|---|
| IHC | Indochinese Health Clinic |
| EHOB | Emanuel Hospital Obstetric Outpatient Clinic |
| EH PEDS | Emanuel Hospital Pediatric Outpatient Clinic |
| EHER | Emanuel Hospital Emergency Room |
| UOHSC | University of Oregon Health Sciences Center |
| TB CLINIC | Multnomah County Communicable Disease Clinic |
| MIC | Maternal and Infant Care Project |
| PMD | Private Medical Doctor |
| PAMC | Portland Adventist Medical Center |
| PROV | Providence Primary Care Outpatient Clinic |
| MSC | Multi-Service Center |

### Lesson Plans

Every class teacher opens the class with a review of the previous week and four statements:

1. In America there are many choices everyday, some are poor and others hard to make. (It can be overwhelming to go to the store...)
2. Move slowly, keeping old ways until you're sure of the Western way...bring questions and products you don't understand to class.
3. Many of you may know what I'm teaching, so please excuse me and I'll explain the ways of some Americans.
4. Share the information with neighbors and slowly work as a group.

## ADDENDUM 2

### Indochinese Home Visits Protocol

1. Referral screening process
    - A. Reasons for CHN involvement
    - B. Pertinent medical history of family and individual; medical providers
    - C. Family members names, date of birth
    - D. Date of entry, agency and invididual sponsor name and number
    - E. Languages spoken
    - F. Translators name/phone used by referring source
2. Before CHN home visit (half of success is in thorough preparation)
    - A. Be familiar with nationality of referral -- have translator or back-up phone translator
    - B. Have CHSD forms and equipment with necessary visual aids for appropriate assessments and be familiar with "mime" techniques for translation ease.
        1. WIC...forms, scale, hct. box
        2. Blank forms for mime -- immunization forms, Rx bottles
        3. Be familiar with immigration forms (I 94, sponsor papers...)
    - C. Respect their cultural integrity -- try implementation of change slowly to decrease confusion and haphazard assimilation.
3. Home assessment is difficult, even with a translator, because of cultural variances.
    - A. Assess if translator understands by repeating CHNs message
    - B. To assess translator effectiveness, watch faces of family

      (i.e., topics of breastfeeding and family planning may not be correctly translated by a male child or neighbor to the client, and answers may be given by the translators, not the client)
4. Typical problems: the referral problem is identified, yet other problems need tedious assessments

# A MODEL FOR HELPING INDOCHINESE REFUGEE FAMILIES ADAPT

Suzanne Hirst, MPH
Council Bluffs, Iowa

Mr. Nguyen Van Chuong and I want to share with you our and especially his experiences since arriving in Omaha 1½ years ago. By reviewing current Indochinese literature and by examining Mr. Nguyen's life here as a 38 year old urban Vietnamese mechanical engineer with his two sisters, age 26 and 22, we hope to help analyze needs of Indochinese refugees as a basis for promoting their adaptation. Special emphasis is placed on the importance of involving the refugees in decisions that affect them.

The Nguyens' circumstances were this: Upon arrival in October, 1979, and with the help of a relative, Chuong was accepted into CETA's (Comprehensive Employment & Training Agency) advanced English class. His CETA counselor advised him to seek employment and consider further university education as a means of promoting engineering job opportunities. In November, 1979 he began a full time job as a boiler room operator at Boys Town where he continues to work a "swing" shift while studying for his masters degree in nuclear engineering here at UNL. His two sisters Chuyen and Chieu whose English was more limited, began ESL (English as a second language) classes and dusting at Nebraska Furniture Mart. After a waiting period, they were accepted into the CETA program. After four months of study they took the General Educational Development test and received a High School Equivalency diploma. They then completed a nine month key punch training program at OIC (Opportunities Industrialization Center, Inc.). Last year Chuyen met and married a young Vietnamese man who studies electronics through OIC. They recently had a son. Chieu has a full time key punch job, studies English at night and works at the Nebraska Furniture Mart Saturdays. She was engaged to a young Vietnamese man who works as a dental technician and studies electronics at Metro Tech Community College. The Nguyen's have moved four times in the past 1½ years due to rent raises, utility bill and rent sharing problems. They have a close network of Vietnamese friends in Omaha.

As a sponsor, I used the following model to help our family adapt to their new life:

1. Family needs assessment including their strengths and personal resources.
2. Planning process:
   a) Refugee involvement in decisions affecting them.
   b) Long and short term family goals with time frame.
   c) Sponsor support system.
   d) Strategies to meet needs, attain goals, optimize adaptation, use of community resources.
3. Implementation with immediate feed-back into plan revision.
4. Evaluation both periodic and long-term in relation to measurable goals.

As a background to doing a family needs assessment, the literature relevant to refugee needs was reviewed from 1977-80 with particular regard to health, employment, language and acculturation. Selected community resources were also examined.

I believe it is important to review the literature in regard to the health status of refugees so that one knows which conditions they may now have or later develop and which screening tests are indicated in a medical evaluation. The greatest problem for most Indochinese refugees is with adaptation to their new environment rather than physical disease (Koval, 1980). Although the following conditions do not represent a public health hazard since the risk of transfer to the general population is small, it is recommended that Indochinese refugees be screened for intestinal parasites, skin conditions, Hepatitis B carrier states especially if hospitalized or pregnant, tuberculosis and malaria but only if there is fever (Erickson, 1980). Other findings on medical evaluations have included hematological conditions, phychiatric problems, thyroid disorders, otological and opthalmological conditions. All adult refugees should have diptheria-tetanus toxoid booster shots every ten years (Center for Disease Control, 1979) -- as should we all.

Many Indochinese have severe dental problems, periodontal disease and anemia, no doubt due to dietary deficiency (Koval, 1980). Erickson and Hoang (Erickson, 1980) reported at least 75% of Indochinese refugees required extensive dental care. These problems are probably due to food shortages, lack of health care during the war and limited refugee camp resources (Koval, 1980). Dental hygiene is also important. Chieu and Chuyen told me they had toothbrushes available only from the black market while in refugee camp. Lactose malabsorption is a problem among adult Vietnamese (Anh, 1977). Like many Asians, they cannot properly digest milk due to the lack of specific enzymes.

Caloric needs of the Indochinese are 2/3 that of Americans (Koval, 1980). I made the mistake of serving too large portions one evening when Chuong and his sisters came to dinner. He told me he personally could not eat large amounts of food but I think he really spoke for the Indochinese people in general. Vietnamese food recently has been called the Nouvelle Cuisine of Oriental cooking and is considered one of the world's ten greatest cuisines (Bach, 1978). My husband and I have very much enjoyed Chuyen's egg-rolls, chà giõ.

Mental health studies in 1979 by the U.S. Department of Health and Human Services found depression often of several years duration as the most common problem followed by anxiety, marital conflict and conflict between generations (HEW Indochinese Program Staff, 1979). Vignes and Hall (Vignes, 1980) in a study of 50 Vietnamese families found 92% with a positive adjustment score. A more assertive role for women was also found.

Regarding employment, a January, 1979, sample of Cambodian, Laotian and Vietnamese refugees (Bach, 1980) who completed alien address reports gave the following job related statistics: Of refugees over age 16, 53% reported being employed. This percentage is similar to the total U.S. population for January, 1979, which was 59%. Indochinese youths, though, had similar lower employment rates as blacks and other minority youth groups. It was found that each additional year in the U.S. increased the chance of employment.

Resettlement agency literature (HEW, 1980) recommends sponsors going with refugees on job interviews. We did this initially with Chuong until he politely pointed to a Job Service brochure statement that listed among other causes of employer refusal, taking friends to the interview. The Boys Town stationary engineer job he did get, we found reading advertisements in the newspapers. We set up the interview by phone and he went to it on his own. Chieu and Chuyen went with me for their initial interview at Nebraska Furniture Mart which I believe was appropriate.

An Illinois study (Kim, 1980) found that the most serious perceived problems of the Indochinese were missing family members and conditions for functioning in American society (English language, money, and job skills).

Pegarding language, tonal systems are not a part of the English language. Vietnamese has five different tonal inflections, and, as you probably know, uses the Roman alphabet with a variety of accent marks (United States Catholic Conference). It can be typed on an American typewriter. Written Kmer of the Cambodian people is similar to and based on Indian Sanskrit and Pali with a different alphabet. Lao also has a different alphabet and is closely related to Thai. Muscles of the mouth hurt after using a new pronunciation so you can imagine how hard it is for our refugee friends.

The ESL classes in Omaha and Council Bluffs with the support of federal funds, led by well qualified people, and staffed by many fine volunteers, are, I feel, a tribute to this area. In addition to teaching English, those involved in these programs show a special interest in their students in many ways. Mrs. Elaine Markuson of Iowa Western Community College ESL class in Council Bluffs has helped students study for their drivers license tests. She feels that if she has adequate biographical data of her students and a ready list of community resources, she is better able to help them adapt to their new community. A resource that Council Bluffs has that is not available in many other areas is an ESL home visit program especially for the mothers of preschool children who find it difficult to get to classes.

There is not time to discuss many other available resources but it is important to recognize that they would not be available without federal funding. A resource Chuong found useful for finishing some prerequisites to graduate school last year was the BEOG (Basic Education Opportunity Grant) a federal grant enabling those earning less than $5000 to do undergraduate studies. As one who believes in cutting the federal budget, yet also believes strongly in a statement from the

Talmud: "He who saves and serves the refugee, saves and serves the world," I feel a conflict at this time in our history. It is true that most programs to help refugees are federally funded. It is also true that the American volunteer man hours that have gone into making them work are enormous.

In order to promote acculturation without loss of Indochinese traditions, we need to know something of Indochinese customs. The family is the essence, the central design for the whole Indochinese society. It has the first loyalty before anything else (Fitzgerald, 1972). In Vietnam, religion has been a blend of Confucianism, Taoism and Buddhism (Fitzgerald, 1972). Confucianism has a strong influence in all aspects of Vietnamese life with its emphasis on the practice of the virtues of loyalty to parents, kindness, righteousness, propriety, intelligence and faithfulness. Politeness is the first rule and the primary custom. Our custom of direct eye contact, friendly beckoning with the hands up, and hearty voices are not considered polite in Indochinese culture (Santopietro, 1981). They welcome gentle manners and gentle voices. Liu (1979) reported that some refugees had difficulty accepting the following American values: dispersal of the extended family, numerical limits on home occupancy, indifference and disrespect toward old people, the absence of friendly people with whom to socialize during the day time, the hectic pace with few breaks in the work day, distances which require vehicle transportation rather than work, family and sociability in a confined easily accessible geographic area, and value of work and achievement over interpersonal ties. Shortly, Chuong will comment on his adjustment to American customs.

On the other hand, younger age people of which so many of the refugees are, have a certain universal culture. For example, blue jeans have world wide popularity. Chieu has some very nice jeans but I had to remind her that they were not appropriate for job interviews. I have had similar experiences with American students.

So in planning with the Nguyens, there seemed so much for sponsor and family to know. Because of my background, the approach was based on frameworks used in community health nursing. We relied heavily on the guidance of the Omaha Catholic Social Services Resettlement Director, Charolotte Leas. And most importantly, my husband and I were guided by Chuong and his sisters' goals and choices. In retrospect I know I made mistakes but if we care, we can sometimes break each others rules of social conduct and still be friends.

And now Mr. Nguyen is going to participate by identifying his individual and family needs and his plans to meet those needs by answering a series of questions. He will also make some evaluative comments of how life is measuring up to his expectations.

## Mr. Nguyen's Statements

1. What were your immediate needs upon arrival?

   A. Medical care, transportation, orientation, food, housing and clothing.

2. Did you have a plan to meet these needs?

   A. Yes, a job. I already had a specialty as an engineer in boiler operations. In order to get a job I studied English and learned American customs. My sisters need to study English and have some job training.

3. How were these needs met and what was most helpful?

   A. Very well with the help of my sponsor, welfare programs, food stamps, CETA, etc. The most helpful programs were medicaid, CETA and role of my sponsor and Indochinese resettlement program.

4. What was the most useful in meeting your needs and why?

   A. A job because it keeps me proud of what I am.

5. What resources were least helpful and why?

   A. To live on the help of the government, church and other associations.

6. What part of your plan to meet your needs worked?

   A. The first part — a job. When you have a job, you have everything: housing, transportation, food, clothing, insurance, etc. I have to work to earn money so I can study part time and finally be able to work in the engineering field.

7. How can sponsors help the most?

   A. The refugee needs orientation which depends on his background . The sponsor can be helpful by suggesting plans that meet the family's needs. In order to serve more effectively in the USA, we still need help from sponsors and refugee organizations.

8. List your personal and family strengths.

   A. Self-confidence and perseverance (never give up). A strong family unit is the basic concept of our Vietnamese culture.

9. Did you or your sisters have any previous exposure to American customs, work, or food before your arrival?

   A. Very little.

10. Did you have any other help in preparing for life in the USA?

    A. Newspapers, TV, hand outs from the US Catholic Conference.

11. Describe any culture-shock upon or since arrival in the U.S. that you or your sisters experienced.

In housing? Different construction because of climate, no problem.

In sanitation? The same.

In food? I can find almost everything to cook a Vietnamese dish but American food is more practical.

In climate? Snow and tornadoes, it didn't take long to adjust.

In clothing? No problem.

In language? Big trouble at the beginning.

In social customs? I feel very comfortable practicing my own religion.

In working conditions? Better conditions here.

12. What Vietnamese characteristics are you proud of?

A. Vietnamese culture.

13. How can you maintain the traditions of your Vietnamese culture.

A. Maintain good relations between Vietnamese refugees.

14. How does your cultural behavior differ from mainstream America?

A. Our culture is from China, American culture is Western.

15. What helps you be more effective in large American groups?

A. A good adjustment to American customs.

16. In evaluating your experience what has gone well and what has not?

A. Success has been due to a good orientation, being well-organized, well-informed, help from my sponsor and to my perseverance. I know my present value. I am no longer a chief engineer like in Vietnam; I am no longer qualified to do that job unless I study again and get used to the new techniques used in this country. Sometimes efforts can't lead to expected returns due to trouble with English, incomplete communication.

17. What do you think your future needs will be?

A. Freedom, equality and human rights.

Sponsor's Perceptions of Family Resources and Needs.

To supplement what Chuong has said, in addition to strengths of self-confidence, perseverance (the exact word I also selected) and a strong family unit, I'd like to add educational background, problem solving ability, health, courtesy and family cohesiveness. Another important personal resource is the support system of their Vietnamese friends. Also relevant is Liu's description of the

Vietnamese: "Strong historic culture with values which encourage discipline, accepting adversity with courage and stoicism and a strong religious commitment which mitigates against antisocial behaviour and discouragement" (Liu, 1979).

The orientation that Chuong referred to was a need to learn how to function in all aspects of American society -- a socialization process. He also identified dental care as a major need of theirs.

## Planning Process

Goals: The Nguyen's ultimate goals as with most refugees are self-sufficiency and integration into American society without loss of cultural heritage and identity. Chuong's specific long-term goal with a two year time frame is a masters degree in nuclear engineering and then employment in a nuclear power plant. "Have a good job, get a good life" is a Vietnamese proverb. Chieu and her fiance hope to save enough money to marry and raise a family.

Sponsor Support: As sponsors, my husband and I worried about doing the right thing, about being resourceful enough ourselves to be helpful, about how the Nguyens really felt about us and their life here. The resettlement director at United Catholic Social Services gave us guidance in preparing to be sponsors and has continued to be helpful throughout our experience. Working with a group was encouraged because of the time commitment involved, making broad continued support possible. As the UCSS handbook for sponsors stated, the key to success is the organization and mobilization of human resources. Chuong and his sisters had so many personal resources that the need perhaps was not as great as for many others in such circumstances.

Ross' community organization principles (Ross, 1967) seemed important in enlisting a group's support such as my sorority alumnae group. Ross defines community organization as a process by which a community identifies its needs, orders or ranks them, develops the confidence and will to work at them, finds resources both internal and external to deal with them, takes action in respect to them and in doing so develops cooperative and collaborative attitudes and practices in the community.

After securing the president's support, I presented the idea of the sorority group helping my husband and me sponsor a refugee family. It was not hard to get the need recognized since at that time the news media was full of the plight of the boat people. I suggested a plan and circulated lists for interested people to sign up to help either by donating household items, providing transportation or helping in promoting community understanding. Some members knew rental agents and offered information on housing. One member's husband had been stationed in Thailand; they wanted to show the family Asian food stores. Some of our planning did not allow for controlling amounts and Chuong will remember receiving too many kitchen items and not quite enough linens and bedding. We did work it out though and found other families who were grateful for some of the extra items.

For me, the most gratifying experience was the support I felt from talking over plans and happenings with the group members, especially the alumnae president who was very interested.

Strategies to Meet Needs: I would like to list four strategies for sponsors to help families meet their needs and attain goals. The first can be summed up by quoting Rudolph Vecoli of the University of Minnesota when he called for modesty on the part of caretakers "to allow the new immigrants to determine their own futures, using their own intellects and resources". In evaluating our involvement, I feel we had this modesty. In our initial approach we tried to support the Nguyens' cousin's sister-in-law who spent a great deal of time helping them the first week. Then we worked more directly with them. The other three strategies are really outgrowths of the first.

Be available as a resource person and friend by providing the newcomer with information or know where to find it. For example, Chuong when seeking employment needed to study from a specific steam boiler operation book in order to be licensed as a third grade engineer. The edition needed was either sold out in all the book stores, signed out of the Omaha libraries or on reserve. I was able to get it from the Council Bluffs library so that he could study daily, pass the test and obtain the stationary engineer position at Boys Town. It may not seem like much but to me it is a proud accomplishment because it facilitated obtaining a job that has made it possible for Chuong to be independent and to continue his studies toward his goal. Of course, my proud accomplishment is nothing compared to the time, effort, study, travel, hard work, and 'stick-to-it-iveness' that he has demonstrated over the past 1½ years!

Being familiar with local resources and having ongoing interdisciplinary contacts is extremely helpful in being a resource person. Communities often have books such as the Omaha & Council Bluffs United Way listing of resources. Useful also is their information and referral phone number. The Metropolitan Area Transit Company, the Omaha/Douglas County Helath Department Laboratory and Job Service are a few examples of agencies used.

Helping with decision-making is another way of being a resource person. By suggesting and listing alternatives and their possible consequences, the better choice is apt to be made. For example, Chieu had the chance for a temporary key punch position during the winter in a part of the city where transportation was limited. We considered the distance, the difficulty of a late evening shift, the possibility of snow and ice and decided against it. The alternative was to continue to job hunt which we did without much success. Fortunately, the job she did get through an interview arranged by OIC is quite close to home, saving time, money and energy.

Another way of being a resource person is to prevent possible misunderstandings by learning cultural differences. For example, a personal relationship is treasured above a material gift so that we will not usually hear an Indochinese say thank you for a specific gift as we do in American culture (HEW, 1980). We should try not to violate their beliefs. This may be difficult even when we know the custom. When I saw Chuyen's son, despite having read that parents prefer that you not make a fuss over their baby as it may not bring good fortune (Hollingsworth, 1980), my American custom of oohing and aahing over him automatically took over. After my uncontrolled expressions (because he really is a darling baby), I asked if they preferred no admiration of their son. Chuyen's husband said yes and asked me how I had known. I told him I had read it and was sorry not to have been able to control my typical American behavior. The Nguyens have always expressed interest in learning American customs and understanding our many expressions. Taking a "rain check" was clarified when my husband explained that it originated due to a rained out baseball game.

Offering support is a third major strategy. This can be done in many ways such as being tactful, soft spoken, polite. Since these qualities are valued by the Indochinese, it is an effective way to demonstrate our interest and concern and will lead to trust (Santopietro, 1981). Although I usually consider myself to be polite and often soft spoken, in my early relationship with the Nguyens, perhaps due to excitement, or being anxious to help or be understand, my voice became too loud. Yet the Nguyens never showed impatience.

Other specific support includes providing items to meet initial physical needs, helping with appointments, transportation, etc. It is important to encourage drawing strength from each other (the Indochinese community) and by retaining cultural practices and values.

It is one of the Indochinese cultural practices not to show emotion. We can explain that showing emotion is sometimes helpful, that it is not impolite to say, "I don't understand" or to assert oneself, or to say "no".

According to Lin, Masuda and Tazuma (1979) the most successful adaptations were shown by those who expressed either ciritcism or anger for a certain time at the host society or fellow refugees. Despite this attitude, they continued to absorb new information and make progress. They really faired better than those who were over-inhibited. By understanding and allowing the expression of anger, adaptation is facilited. Loosing old attachments and gaining new identity may have some relation to a grief reaction demonstrated by steps of denial, anger, depression and acceptance.

Depression is not uncommon. This is especially true when expectations of getting ahead in this country are not as quick to come as hoped and concern over family still in Indochina continues. At this difficult time, we can help by being reassuring, by expressing our admiration of their courage and by supporting their decision to leave Asia.

Being an advocate is the fourth major strategy. Initially it is important in job seeking and to clarify everything from utility problems to dental needs. There are, of course, many things that we can not do. For example, Chuong was eligible for residency privileges last October but, despite my numerous phone calls, he was not interviewed by the Department of Immigrations until March. The processing was months behind. He needed the residency status in order to get a lower university tuition. By writing a letter to the Dean he was able to take advantage of residency status despite the delay, a suggestion made by the resettlement director.

Implementation: As Chuong said, their basic needs of food, clothing, apartment rent and a feeling of belonging were also the immediate needs of the Nguyens. These were met with the help of the initial relocation federal allotment, donations of household items, clothes, help from Vietnamese friends, my sorority group, CETA stipends while studying and the early full-time employment of Chuong along with the girls' part-time jobs.

Chieu and Chuyen learned to take the bus to English classes at the public library, to work, and to CETA with transportation assistance by Vietnamese friends, my husband and me. We didn't feel it was safe for them to take a bus to evening classes because of the isolated walking and the waits between bus transfers. Their friends, occasionally one of my alumnae group, my husband and I took turns driving them. We also tried to car-pool with other sponsors and refugees. Distances and methods of transportation to community resources both in terms of time and cost to consumer and provider became important issues.

An early concern of mine was some activity for the girls to prevent feelings of isolation. Dusting at the furniture store got them out of the apartment and earnings of a few dollars but didn't offer much opportunity for communication. English classes did. Studying for the GED test and then job training helped even more. The young adult age group they are in, according to Erikson (1950), is a period of interpersonal intimacy versus isolation with many stressful tasks. Chieu and Chuyen needed the opportunity to become comfortable in their new surroundings so that they could successfully accomplish these normal developmental tasks at a time when they have special sensitivity and unusual readiness to learn.

The middle adult years, that Erikson (1950) calls the years of generativity or production versus stagnation, are full of responsibilities for Chuong. As the eldest son of eight children, he has expressed concern for his widowed mother still in Vietnam, sending money and specific items that he felt she needed. Mr. Nguyen also feels it is his duty to see that all goes well with his sisters in Omaha before he can go to school full-time in Lincoln to pursue his professional goal at a faster pace.

All three of the Nguyens identified their dental needs as major. My husband as a physician completed their medical examinations and gave continued medical guidance. It has been minimal since their medical screening was generally negative for the conditions discussed in the literature review except for Chieu's mild hyperthyroidism. Although the dental needs were not all urgent, Chuong did have an abscess requiring early care. A dental surgeon contacted through my husband took care of it. The family was eligible for dental care through Indochinese federally funded medicaid. Chuong expressed concern over taking "community" funds but knew that the dental work was necessary. I explored a variety of resources and had the girls' teeth cleaned and evaluated by my dentist. Chuong had dental insurance through his job at Boys Town but he was not eligible until employed six months. In retrospect, it was a compromise using a variety of resources with Chuong spending a substantial amount recently for dental services not covered by his insurance.

Evaluation: Preparing for this symposium gave me a needed opportunity to consider how well the Nguyens' needs have been met. Other than some dental work not yet completed for Chieu, their basic physical needs have been met for some time. English language skill has developed beautifully though continued study is needed. Chuong has a professional goal with a realistic time frame. Chuyen is enjoying her new baby. I sense in them some feeling of belonging and acculturation though it is difficult to measure. They have allowed us to share in some of their fine tradition and customs for which my husband and I feel enriched and fortunate.

In evaluating this experience and our efforts to help a resourceful family adapt to a new life, I feel we all can learn a great deal from their life patterns -- those of sharing, cooperation, living economically and with the nourishment of the extended family and with a feeling that "Happiness is, if we are together" (Safran, 1980).

According to a United Nations report there are 15 million refugees in the world (Lin, 1979). Forced immigration is a recurring theme throughout history. People organize most readily for a dramatic emotional cause which is a basic principle of community organization. From what has been done by a pool of fantastic volunteers, some extremely effective professional people and federal money, perhaps we can see new ways of dealing with old problems, continue to help our Indochinese neighbors become effective American citizens and meet, as Mr. Chuong Van Nguyen says, his future needs of freedom, equality and human rights.

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# IOWA REFUGEE HEALTH ASSESSMENT

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The Iowa Refugee Health Program is a part of the Iowa State Health Department and operates through a federal grant under the direction from the Center for Disease Control, Atlanta, Georgia. The Iowa Refugee Project Grant Program commenced in October, 1980. Similar grants were awarded in 45 states. The amount of money granted by CDC was based upon the refugee population of the state. Iowa was the 12th most refugee populated state.

Approximately 7,300 Indochinese refugees currently live in Iowa. Newly arriving refugees enter the state from overseas camps at the current average rate of 110 per month.

The estimated population in Iowa by ethnic group is as follows:

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| Laotion | 1,200 | Vietnamese | 2,150 |
| Thaidam | 2,200 | Ethnic Chinese | 350 |
| HMong | 1,200 | Cambodians | 200 |

The Des Moines greater urban area contains 3000 refugees from all ethnic groups, mainly Vietnamese, Vietnamese-Chinese, Laotian, HMong, Thaidam, and Cambodian. Northeast Iowa is settled predominantly by HMong. The Laotian and Vietnamese are settled throughout the state. The Thaidam have settled in concentrated clusters in various areas of the state. The small number of Cambodians in Iowa are mainly in the Des Moines area or east-central Iowa.

There are no complete statistics available pertinate to age or sex of refugees in Iowa. Nationally, 80% of refugees are under the age of 35 years. Iowa Department of Social Services reports that 68% of the refugees receiving medical assistance are under the age of 25 years. Fifty-two percent (52%) are male.

The extent of refugee migration into Iowa from surrounding states and out of Iowa is difficult to estimate. In February, 1980, Iowa's refugee population numbered approximately 5,100 (statistics from Iowa Refugee Service Center). One year later, February, 1981, the refugee population was counted at 7,340 (IRSC Statistics). During that span of time, the Iowa State Department of Health was notified of the arrival of 2,138 refugees. Such statistics indicate more in-migration than out-migration.

The Refugee Project Grant Program has two main goals. The first goal is to prevent and control health problems of public health significance. The second goal is to improve the health status of the refugee through health assessments and referrals.

In relation to the first goal, one might ask, "What is a problem of public health significance?". Basically, this relates to communicable diseases such as tuberculosis, venereal disease, hepititus, malaria, etc. The health department is allerted to these conditions by physicians reporting the disease. There are 38 diseases or health conditions that an attending physician in Iowa is required to report. Another means of notification is the notice from the American Council of Volunteer Agencies for Foriegn Service. This form contains a variety of information such as name, sponsor name and address, age, volunteer agency, and notice of a health waiver, if any. A health waiver indicates that a refugee is undergoing treatment for a disease that is of public health significance.

If the medical examination in the camps indicates that an individual has disease such as tuberculosis, venereal disease, malaria, or mental defects the refugee will not be eligible to leave the camp. After medication is started and the disease is determined to be non-communicable, a health waiver may be granted. The refugee may then enter the U.S. upon the condition that they report to the public health office at their final destination.

During the past seven months, Iowa has received notice of 41 health waivers out of 843 officially arriving refugees. Thirty-eight waivers were for tuberculosis and three were for venereal disease. No waivers were received for any other health condition during that time.

In the area of public health significance, I would designate a second area of concern as "Unofficial". By this, I mean a health related issue that is a personal health condition but because the patient is a refugee and/or is indigent the public health department and our program become involved. The health problem may be immunizations, parasites, or a variety of conditions, but the stumbling block is always language and culture. This creates a great deal of frustration upon the part of the health care provider and upon the part of the refugee.

The Iowa Refugee Health Program is linking the refugee and the local health care system by providing interpretor assistance. We are promoting telephone assistance through the use of a toll-free number and on-sight interpretor assistance. The health department is not the only agency providing interpretor assistance. The Iowa Refugee Service Center and other resettlement volunteer agencies provide interpretor assistance for the Iowa public.

The program is also in the process of assembling health pamphlets translated into Vietnamese, Laotian, and Cambodian. We are promoting our program and the Iowa Refugee Service Center as resource agencies for written health materials. The program staff are translating materials related to immunization, non-descrimination, nutrition, and tuberculosis. At the present time, none of our translations are printed. After printing, copies of our translations will be available upon request.

In Iowa, the most prevalent disease of public health significance involving refugees is tuberculosis. There are currently approximately 175 refugees on medication for diagnosed tuberculosis and prophylactic treatment. The Refugee Health Program is cooperating with the state tuberculosis program to assure that refugees in Iowa comply with treatment schedules. Our interpretors have started the process of field visiting every patient on medication for tuberculosis. The initial results indicate that 40% of refugee patients have either stopped taking medication or are taking the medicine intermittently.

As stated earlier, the second main project goal is to improve the health status of refugees through health assessments and referrals. The Iowa Refugee Health Program will accomplish this goal through our statewide effort to assure that every newly immigrating refugee receives a health assessment within six weeks after arriving in Iowa. Our staff will first identify and locate all newly arriving refugees. Next we will notify the local health agency that a new refugee is in their county. The public health nurse or local health agency will contact the refugee or sponsor to urge them to obtain an immediate health evaluation and document what screenings and tests are provided. At the request of the local health nurse, staff will motivate the refugee to obtain a health assessment and help the refugee understand why and how this new American doctor will help them. After the health assessment form has been completed (in triplicate) the refugee will retain one copy as a permanent part of their personal medical records. The second copy will be kept by the local public health nurse or health department. The third copy will be kept by the Refugee Health Program and used to document health needs and patterns of health care delivery for refugees in Iowa.

The key to Iowa's Health Assessment effort is the utilization of local health resources, including public health nurses, physicians, dentists, and clinics. By assuring that the refugee makes an initail visit to the local health clinic or physician three events occur:

1. The local physician and clinic staff are made aware of the presence of a refugee patient in their area.
2. The refugee is introduced to where and how to obtain health care.
3. The health needs of the individual are determined.

It is too soon to report trends of refugee health care in Iowa. Seven assessment forms have been returned. Three were completed with reports of thorough medical evaluation, completed dental work (two of the three required dental care for cavities), and no follow-up or referrals requested. Four of the assessments were returned with a letter from the local physician assistant requesting that the program furnish immunization records and results of the physical examination done in the refugee holding camp. No such medical records on the refugees in question were available, but the physician could seek medical papers from the refugee patient.

Throughout the four months that the program has been functioning, I have had many opportunities to talk with health care providers in Iowa. Some of the most common comments I have heard are: What do refugees think about American doctors (nurses)?, What kind of medical care was available in the camps?, How do I act around a refugee so as not to offend him/her?, Do I talk to the man or the woman about the child's health?, Where was this program five years ago when we first needed you?, (when refugees first settled in Iowa)? What "folk medicine" did refugees practice in their native country and what do they still practice here?, I had the experience . . . . do all refugees act like that?.

Through my work with the Refugee Health Program, I have found many conscientious health care providers who want help in understanding the culture and needs of their refugee patients. We find many refugees who don't understand why they should follow medical directions. The refugee program will help to identify health care delivery problems and work with appropriate state and local agenices to overcome those problems. By identifying and tackling the problems now, in future years, refugees may be intergrated into our health care system and will no longer need the special attention that is so urgently needed now.

# REACHING OUT TO SOUTHEAST ASIAN FAMILIES THROUGH THE EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM OF OREGON STATE UNIVERSITY EXTENSION SERVICE

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The Expanded Food and Nutrition Education Programs (EFNEP), located in most heavily populated urban areas in the United States, have a unique opportunity to design programs in cooperation with other agencies serving Southeast Asians.

In August, 1979, we contacted our Community College Indochinese work training program to recruit nutrition aides who could speak enough English to participate in our training program and part-time aide positions. Through that agency we secured five women who speak five different languages. Their salary for the first three months was paid by the work training funds. We agreed to pick them up if slots were available on our regular staff. At the present time three of them are still with us and performing outstanding service to the community. One of these also works part-time for a State agency and one former aide has secured full-time work with a State agency. The other woman is in training to be a nurse but continues to work for us part-time and during the summer months. We feel that the one month of initial nutrition aide training and the regular weekly in-service and special training sessions for the Indochinese audience have helped to open doors to continued improvement in English skills, higher education, and full-time professional jobs. Without them we could not have designed the many successful programs we have iniated for Extension and other cooperating agencies.

## THE NUTRITION AIDE PROGRAM

1. Family referrals were made from the Indochinese Health Clinic and WIC offices.
2. The Nutrition Aides made regular home visits to families to to teach the following:
    a. Basic nutrition - importance of eating a variety of foods and the choosing of nutritious snacks.
    b. Use of food stamps and WIC vouchers and the shopping skills needed to use the super markets.
    c. Preparation of WIC foods, especially the baby formulas, baby foods, and milk and cheese products.
    d. Taught the importance of storing food properly in the refrigerator and maintaining sanitary conditions in the home. The use of appliances, heating systems, city bus systems, and the mail service were also included.

e. The Aides brought homemakers to our monthly Homemaker Day programs; the socialization of the families with our regular clientele was extremely satisfying to everyone.

f. The Nutrition Aides used a nutrition education lesson series for preschool children during home visits.

g. Aides participated in 4-H summer day camp programs and organized 4-H Clubs during the winter months in after school programs that included at least 50% Indochinese children.

## COOPERATION WITH WIC PROGRAM

Our Nutrition Aides contacted refugee families in need of the WIC nutrition food voucher program.

1. They took families to WIC centers and provided translation services for certification until regular translators were available.
2. They held food demonstrations at the WIC center waiting rooms on how to use WIC foods (cheese, milk, eggs, juice, iron-fortified cereals).
3. They continued working through home visits with the high risk families identified by the WIC program.

## COOPERATION WITH THE ESL CLASSES AT PORTLAND COMMUNITY COLLEGE

The Nutrition Aides were trained to present a series of four foods and nutrition lessons to two different classes of ESL students. The topics included the following:

1. Importance of eating a variety of foods.
2. Choosing snacks and making choices at the vending machines.
3. Importance of eating breakfast and taking a lunch to school.
4. Milk and milk products; feeding infants and small children.

As a result of initiating these sessions the ESL teachers now include the above subject matter as a regular part of their curriculum.

## AFTER SCHOOL CLASSES FOR MOTHERS AT THE PUBLIC SCHOOLS

In cooperation with the school community agents we provided a series of six after-school sessions for mothers of Hmong children. The classes were designed to emphasize basic nutritional needs and to demonstrate how to prepare foods rich in calcium, and also eggs, fruits, and vegetables, The mothers enjoyed the sessions and shared their skills with the group. The Aides continued to visit several of the mothers in their homes after the series was completed.

## CULTURAL AWARENESS PROGRAMS

Because of our involvement with the Southeast Asians through our nutrition programs, we were asked to arrange two workshops for Extension study group women from all over the State of Oregon who meet annually on the campus of Oregon State University. Our second workshop will be held next month. We have also provided Southeast Asian cultural awareness training for the entire Extension staff in the Portland metropolitan area.

## EXTENSION STUDY GROUP VOLUNTEERS

We have now begun to establish a core of volunteer women from the Extension study groups who will make home visits to assist families in shopping, meal planning, and other survival skills. We are surprised how much is accomplished through non-verbal communication. An unexpected outcome of this project has been the suggestion by one of our Nutrition Aides that some of the Indochinese homemakers who have been here for a few years could be part of this volunteer force to help out their neighbors. We hope to follow through on this suggestion soon.

As a result of the above programs we have been able to make an impact on the following numbers of Southeast Asians in the Portland area:

| | | |
|---|---|---|
| WIC program contacts through translation and food demonstrations | | 500 |
| Families enrolled in EFNP | | |
| | Vietnamese | 28 |
| | Laotian, Hmong, Mein | 79 |
| | Chinese | 30 |
| | Cambodian | 20 |
| Mothers attending homemaker education programs | | 55 |
| E S L Classes | | 50 |
| Indochinese children in 4-H groups | | 60 |
| Southeast Asian Cultural Awareness programs | | 95 |
| Home visits by Nutrition Aides | | 650 |
| Home visits by volunteers | | 18 |

As we look to the future we will continue to hire women at entry level and encourage them to further their education and work skills. We will continue to encourage mothers to participate in Extension homemaker educational programs and children in 4-H, and to cooperate with other agencies. The EFNEP program is very fortunate that our program has been able to hire from the audience we serve to meet immediate needs in the area of food and nutrition education and to assist our employees in furthering their education and job skills.